

# **EXHIBIT 10**

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2 Volume II Pages 1-200

3 Exhibits 26-65

4 IN THE UNITED STATES DISTRICT COURT

5 FOR THE DISTRICT OF NEW JERSEY

6 IN RE JOHNSON & JOHNSON TALCUM

7 POWDER PRODUCTS MARKETING, MDL NO.

8 SALES PRACTICES, AND PRODUCTS 16-2738 (MAS) (RLS)

9 LIABILITY LITIGATION

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16 VIDEOCONFERENCE DEPOSITION OF

17 JOHN GODLESKI, M.D.

18 Friday, March 29, 2024, 9:15 a.m.

19 MARRIOTT BOSTON - QUINCY

20 1000 Marriott Drive

21 Quincy, Massachusetts 02169

22

23

24 -----REPORTER: Sonya Lopes, RPR, CSR-----

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5	requests for production of		2 you recall why you made note of those two blocks as
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8	Exhibit 62, PowerPoint presentation.....194		5 idea is is we're asking here for eight blocks. And
9	Exhibits 63-64, consents to release		6 if the hospital is reluctant to give us the eight
10	third-party information.....196		7 blocks, we say "These are the most important. Get
11	Exhibit 65, e-mail chain.....196		8 these two at least," is basically what we're saying
12			9 there.
13	*Exhibits returned to Mr. Hegarty		10 Q. What was or is your criteria for the
14			11 Judkins case -- and I assume other cases -- for what
15			12 you consider to be, quote, "critical blocks," closed
16			13 quote?
17			14 A. They would be the blocks that have the most
18			15 birefringent particles or the clearest intracellular
19			16 particles. There can be a number of criteria. But
20			17 it's -- if we wanted to look at something in this
21			18 case, it would be these two blocks more than
22			19 anything else because we're -- basically all we're
23			20 saying with that.
24			21 Q. Could you find Exhibit No. 21, which is the
25			22 pathology report for Ms. Judkins? And when you find
			23 that, identify for me the tissues that correspond to
			24 blocks E2 and G5.
			25 A. E2 is a right para-aortic lymph node, and
		Page 7	Page 9
1	MR. HEGARTY: Back on the record. We're		1 G5 is ovary. And I'm trying to look back to make
2	continuing your deposition from yesterday,		2 sure that I have the right -- the correct side. And
3	3 Dr. Godleski. Do you understand that you're still		3 it's left ovary.
4	4 under oath?		4 Q. Are you able to recall whether the Judkins
5	5 THE WITNESS: Yes.		5 case you made the request for -- you identified
6	6 MR. HEGARTY: Thank you.		6 those two as critical blocks because they had the
7	7 EXAMINATION		7 most birefringent or because they were particular
8	8 BY MR. HEGARTY:		8 tissue that you were interested in or perhaps both?
9	9 Q. We were -- I want to start by going over		9 A. Both, probably.
10	10 some documents that we were provided yesterday and		10 Q. Thank you. I'm going to next mark as
11	11 today and then some follow-up questions about what		11 Exhibit 27 an e-mail we were provided yesterday,
12	12 we did yesterday.		12 which was a block request e-mail for the Tamara
13	13 The first subject I want to talk about is		13 Newsome case.
14	14 the e-mail we received yesterday where a request was		14 (March 25, 2021 e-mail, Exhibit 27,
15	15 made for the blocks in the Judkins case.		15 marked)
16	16 MR. HEGARTY: I will mark the e-mail as		16 Q. Can you please tell me what Exhibit 27 is,
17	17 our next exhibit, which is Exhibit 26.		17 Dr. Godleski?
18	18 (March 29, 2021 e-mail, Exhibit 26,		18 A. This is an -- again, it's a block request.
19	19 marked)		19 But, also, there was a question posed to us as to
20	20 Q. So I'm showing you, Dr. Godleski,		20 whether there was any endometriosis. So we
21	21 Exhibit 26. Please tell me what that exhibit is.		21 extensively searched. We found this one little area
22	22 A. This is an e-mail from me to Mr. Dearing		22 that we described that we didn't feel represented
23	23 and Katie Tucker, who's a legal assistant. And it's		23 endometriosis but that someone might argue that it
24	24 a request for blocks on Anne Judkins.		24 did, and we didn't feel that was correct.
25	25 Q. Do you see -- you say at the bottom of that		25 But we had only this one questionable area

<p style="text-align: right;">Page 10</p> <p>1 that it was our opinion wasn't, and the other slides      2 had absolutely no evidence of endometriosis.      3 Q. You said in your response -- I'm sorry. Go      4 ahead.      5 A. But it was also an area of -- the opposite      6 ovary that was free of tumor.      7 Q. You said in your answer "we." Was there      8 more than one person that looked at the slides for      9 endometriosis?      10 A. Dr. McDonald and I both looked at this.      11 Q. You said in your response and then you say      12 in your e-mail that one could argue that what you're      13 describing or -- and/or what you are seeing does      14 represent endometriosis. When you were writing      15 this, how -- what was your thinking about how that      16 argument would go?      17 A. Somebody would just say that it is. And      18 even though we felt it wasn't, the hospital      19 pathologist didn't identify it as that -- and I'm      20 not sure that we did show it to other experts. We      21 might have. And the bottom line was that our final      22 answer was that this was not endometriosis.      23 Q. You do make note in the e-mail that you      24 identified in this block -- in this slide for      25 Block A19 what you characterize as a suspicious</p>	<p style="text-align: right;">Page 12</p> <p>1 over.      2 Your description is of a slide that was      3 actually marked A19?      4 A. Yes. And that was from the opposite side      5 where the tumor was.      6 Q. You go on to note in the e-mail that "Eight      7 of the 31 cells had birefringent particles, and      8 these were usually solitary and often not in tissue      9 locations where particles are expected to be found."      10 What did you mean by that sentence?      11 A. Well, we -- one of the places that we      12 typically see particles are in lymphatics or around      13 lymphatics. And some of these were more in the      14 tissue. They weren't -- not all of them were in      15 macrophages.      16 And I think this is an -- this case is an      17 interesting example where the SEM/EDX actually found      18 more particles than one would expect based on the      19 polarized light study. And that happens sometimes.      20 Q. The next sentence reads "The slides also      21 had considerable birefringent debris outside the      22 plane of focus with the tissue." Please explain      23 what you meant by that sentence.      24 A. It's not uncommon that when you -- if you      25 look at a slide with very low power, which has a</p>
<p style="text-align: right;">Page 11</p> <p>1 area. And you go on to note that it had two      2 gland-like structures with cuboidal cells surrounded      3 by a minuscule amount of loose stroma.      4 What made that area to you as a pathologist      5 at least suspicious for endometriosis?      6 A. Just as we described it. You know, for      7 endometriosis, you want to have endometrial glands,      8 which generally aren't cuboidal. And you want      9 endometrial stroma. And in this instance, there was      10 stroma. Looked more like ovarian stroma. And the      11 cells looked more like kind of an imagination of the      12 surface epithelium of the ovary.      13 Q. You said -- I think you said that you      14 typically don't see cuboidal cells. What do you      15 typically see?      16 A. Endometrial glands are usually cells that      17 are slightly more columnar than cuboidal, depending      18 on the stage of the cycle. But they did vary --      19 elongated later on but -- so that was the basis of      20 the consideration.      21 Q. As you note in your e-mail, you do not      22 believe these findings represent endometriosis;      23 correct?      24 A. Correct.      25 Q. And that was in a slide or -- let me start</p>	<p style="text-align: right;">Page 13</p> <p>1 greater depth of focus, that you can see more      2 birefringent particles.      3 If a lab is not careful, for example, they      4 can get particles in their Permount, in their      5 mounting media and -- so that when the slide is      6 made, you have particles up in the mounting media.      7 But it's important to look at the slide and      8 make sure that any particles that we are interested      9 in are really in the same plane of focus as the      10 tissue. And what would happen is you won't even see      11 those that are up in the mounting media if you're      12 focused on the tissue. But if you're at very low      13 power where there's a much greater depth of focus,      14 you'll see those. You'll see those particles. And      15 so it's something we sometimes see.      16 Q. I want to go back and talk a little bit      17 more about the Gallardo case as it relates to the      18 chain of custody issues we talked about yesterday.      19 If you could first start by finding      20 Exhibits 3 -- go ahead. Find Exhibits 3 -- I'm      21 sorry -- 2, 3 -- looks like 2, 3, 5, and 7 for the      22 Gallardo case.      23 A. Okay.      24 MR. HEGARTY: And go ahead and pull out,      25 David, 8. 8 would be the -- 8 is the -- is 7 the</p>

1 chain of custody document? 2 MR. DEARING: Yes. 3 MR. HEGARTY: What is that document you 4 just had in your hand, David, the top one? 5 THE WITNESS: That's the bill. 6 MR. HEGARTY: No. I'm sorry. The one 7 you just had, the next one down. 8 MR. DEARING: This is 16. 9 MR. HEGARTY: Is that for -- what case? 10 THE WITNESS: Newsome. 11 MR. HEGARTY: Newsome. Could I see what 12 you have for Exhibit 7? Yes. It's a multipage 13 document. Okay. So we are right for the exhibit. 14 Q. Let's begin by looking at Exhibit 3, the 15 pathology report for Ms. Gallardo. Tell me when you 16 have that in front of you. 17 A. Yeah. 18 Q. Please turn over to pages 3 of 5 and 4 of 5 19 in the pathology report. 20 A. Okay. 21 Q. In my review of the "gross description" 22 paragraphs on pages 3 and 4, they describe, for 23 example, in the gross description, first paragraph, 24 A1, A2 to A6. That would be eight blocks -- I'm 25 sorry. That would be -- and A8. That would mean	Page 14	1 A. Right. 2 Q. For Ms. Gallardo? 3 A. Yeah. 4 Q. Then we looked -- please turn over to the 5 chain of custody document that's dated June -- July 6 27, 2021. We talked yesterday where the sending 7 description -- that is, where the items that were 8 being sent -- did not include the 50 histologic 9 blocks. 10 A. Right. 11 Q. I'm going to mark next as Exhibit 28 -- 12 this is the same page that we were looking at in 13 Exhibit No. 7. But it has the recipient's receipt 14 of the material on the very first page. 15 A. Yeah. 16 (Documents regarding Gallardo case, 17 Exhibit 28, marked) 18 Q. Do you see where it references Jana Azpell, 19 Shook, Hardy, Bacon? 20 A. Yes. 21 Q. You see the note receipt of 66 pathologic 22 slides, one pathology slide, M13324? Do you see 23 that? 24 A. Right. 25 Q. 47 blocks, S1328714, and then envelope of	Page 16
1 there are eight blocks; is that correct? 2 A. That's correct. 3 Q. Okay. As I go through this, I total 50 4 blocks as described in these two pages, which is 5 what we talked about yesterday. Do you remember 6 that? 7 A. Yeah. 8 Q. You can put that one aside. Then if you 9 look at your report, Exhibit No. 5 -- I'm sorry. 10 Before we go there, let's go to the chain of custody 11 document, which is Exhibit No. 7. Please tell me 12 when you get to the chain of custody documents in 13 Exhibit 7. 14 A. I have none here. 15 Q. There they are. 16 A. Here it is. 17 Q. One more page. 18 A. At the very end. 19 Q. Do you recall from yesterday that this was 20 the case where you had received 66 histologic slides 21 and 50 histologic blocks? 22 A. Right. 23 Q. We just looked at the pathology report, 24 which also identified the 50 histologic blocks; 25 correct?	Page 15	1 shavings from seven blocks. Do you see those four 2 items? 3 A. Right. 4 Q. Do you see above, though, the items 5 described or item description for what you're 6 sending only makes reference to 66 histologic slides 7 and the shavings? Do you see that? 8 A. Yes. 9 Q. Do you see where it doesn't include -- that 10 is, the releasing document that you signed -- the 11 blocks or this one pathology slide, M13, dash, 324? 12 Do you see that? 13 A. Yes. 14 Q. Do you know what this -- first of all, do 15 you know what this one pathology slide is? 16 A. It's probably a cytology slide or something 17 like that. 18 Q. Sitting here today, do you know? 19 A. Huh? 20 Q. Do you know sitting here today? Please 21 feel free to look at your report to cross-reference 22 it to see if you can tell from your report what that 23 one slide is. 24 MR. DEARING: You can look at the 25 pathology report.	Page 17

<p style="text-align: right;">Page 18</p> <p>1 MR. HEGARTY: And the pathology report. 2 A. Yeah. The pathology report -- actually, 3 there are two pathology reports. 4 Q. I think I identified it as M13324. Should 5 be M13, dash, 3243. Please look at your report. 6 A. Yes. M13324, there's a pathology report -- 7 Q. 43; right? 8 A. 43. It's a cytology report. It's pelvic 9 washings, and they're negative for malignancy. 10 Q. Look back at your report, again, at page 2, 11 Dr. Godleski. That's Exhibit 5. Do you see there 12 -- let me back up. 13 Do you recall our discussion yesterday 14 where the 66 slides consisted of 65 histologic 15 slides, then we thought that that one additional 16 slide was that one histology slide? Do you remember 17 that discussion yesterday? 18 A. Yeah. 19 Q. But do you see on the chain of custody 20 form, we've got 66 histologic slides? Then we did 21 receive this one pathology slide? 22 A. Okay. In my report, I mention the one 23 cytology slide as well -- 24 Q. Right. 25 A. -- where also received was a single slide</p>	<p style="text-align: right;">Page 20</p> <p>1 47 blocks from you. 2 A. Okay. 3 Q. That's different than the 50 blocks that 4 are reported in the rest in the chain of custody. 5 Do you know what happened to the other three blocks? 6 A. I don't. And that's something I can look 7 for, if for some reason we have them. Or they might 8 have come as blocks that were together as -- with 9 the pathology blocks, as they often come. And then 10 those that we study are usually in containers 11 separated. So I don't know that -- how those were 12 separated or if they were separated. 13 Q. A couple of other questions regarding the 14 50 blocks versus the slides. Are you able to 15 reconcile how we have either 66 or 67 slides but 50 16 blocks? Does that mean -- would that mean there are 17 more than one slide per block, typically? 18 A. It can mean a couple of things. One is 19 that we -- there could be immunocytochemistry done 20 on the case. If there's immunocytochemistry done on 21 the case, we don't look at those from the 22 perspective of polarized light because 23 immunocytochemistry staining is done in a way that 24 you can get a lot of contamination on it. So we 25 just ignore those, as far as polarized light is</p>
<p style="text-align: right;">Page 19</p> <p>1 labeled "M13." 2 Q. But do you see, where I'm referencing is 3 that there's a description of 66 total slides in 4 your report and in the chain of custody form, but 5 it's reporting -- but we reported receiving 66 6 pathology slides and one more pathology slide that's 7 M133243? 8 So I guess the question goes back to the 9 very first line on the -- in the second paragraph of 10 your report where you say "I reviewed 66 slides on 11 Anna Gallardo, which represents 65 histologic 12 slides." The chain of custody documents would 13 indicate there were 66 histologic slides and one 14 cytology slide for a total of 67. Do you see what 15 I'm referring to? 16 A. Yeah. I don't think your receipt is right. 17 Q. Okay. That would be one option. If it is 18 correct, do you know what this -- where this other 19 slide is or where it -- what this other slide was? 20 A. In our receipt, we have 66 slides. In our 21 report, we talk about 66 slides. Only your receipt 22 claims there's 67 slides. 23 Q. Right. 24 A. So I think your receipt is wrong. 25 Q. Okay. Well, we also make note of receiving</p>	<p style="text-align: right;">Page 21</p> <p>1 concerned. 2 Just the way immunocytochemistry is done 3 doesn't make those ideal to use for polarized light 4 microscopy. So that's a possibility where there may 5 have been polarized light -- or, I mean, 6 immunocytochemistry done and sent to us. 7 Usually, if the slides are original, 8 they'll -- they sometimes send the 9 immunocytochemistry. If the slides were recuts, 10 then it's just possible there's more than one recut 11 on some slides. 12 Q. If you did receive immunocytochemistry 13 slides, would you expect, based on the way you 14 prepare your reports, to have identified that in the 15 report itself? 16 A. Sometimes we would if it was relevant. 17 And, also, that would be reported in the surgical 18 pathology report. 19 Q. Please let me know if you can see a 20 reference to that. 21 A. I'm now looking to see if -- they don't -- 22 I just don't see any evidence that 23 immunocytochemistry was done, according to this 24 pathology report. So as we sit here, I don't have 25 an explanation of why there are more slides than</p>

<p>1 blocks.</p> <p>2 Q. With the additional documents we've</p> <p>3 discussed today, going back to our discussion</p> <p>4 yesterday about your reviewing 50 slides versus</p> <p>5 66 -- do you remember our discussion where the</p> <p>6 handwritten notes referred to reviewing 50 slides?</p> <p>7 Do you recall that?</p> <p>8 A. Yes.</p> <p>9 Q. And we talked about that, there being,</p> <p>10 then, 50 blocks. But your report says 65 histologic</p> <p>11 slides were reviewed.</p> <p>12 Do you have any other thoughts about the</p> <p>13 handwritten notes reporting on 50 blocks -- 50</p> <p>14 slides reviewed versus the 66 or the 65 that are</p> <p>15 referenced in your report?</p> <p>16 A. Well, no, I don't have a good explanation</p> <p>17 for it. It may be that some weren't -- those --</p> <p>18 that listing dealt with polarized light microscopy.</p> <p>19 And it just may be that there were slides that</p> <p>20 weren't looked at with polarized light.</p> <p>21 Q. Please turn to page 3 of your report for</p> <p>22 Ms. Gallardo. Just a couple of other questions from</p> <p>23 that page.</p> <p>24 In the paragraph at the top just before the</p> <p>25 pictures, it says "Very large amounts of these</p>	<p>Page 22</p> <p>1 what I would interpret as macrophages or maybe even</p> <p>2 endothelial cells where the particles are found. We</p> <p>3 don't have any examples of particles here in</p> <p>4 epithelial cells.</p> <p>5 Q. Of the two photos you just made reference</p> <p>6 to where you said "in these two photos," which ones</p> <p>7 were you referring to?</p> <p>8 A. The upper right and the upper center.</p> <p>9 MR. DEARING: Upper left.</p> <p>10 A. Upper left and upper center.</p> <p>11 Q. I may have asked you this yesterday; but in</p> <p>12 case I didn't, I want to follow up. Do any of the</p> <p>13 pictures that you're showing us on page 3 in</p> <p>14 Figure 2 show birefringent particles in lymphatic</p> <p>15 vessels?</p> <p>16 A. I think in the upper left, the lower arrow</p> <p>17 points to cells with particles and particles that</p> <p>18 are in and around lymphatic vessels.</p> <p>19 Q. Are there any other birefringent particles</p> <p>20 shown in these photos that are in lymphatic vessels?</p> <p>21 A. A lymph node is part of the lymphatic</p> <p>22 system. And we have a gazillion particles in lymph</p> <p>23 nodes here. And many of those are definitely in the</p> <p>24 lymphatic vessels, within the lymph node or the</p> <p>25 structures in the lymph node that are channeling</p>
<p>Page 23</p> <p>1 particles accumulated in macrophages in the lymph</p> <p>2 nodes and omentum, but significant amounts were also</p> <p>3 seen in cells in the ovaries and fallopian tubes."</p> <p>4 When you say "in cells," are you referring to</p> <p>5 something besides macrophages?</p> <p>6 A. Possibly but probably not. I think, you</p> <p>7 know, we're showing some examples of that in several</p> <p>8 of these pictures.</p> <p>9 Q. My question really went back to -- really</p> <p>10 was is there a difference, when you're describing</p> <p>11 particles and where they're located, between them</p> <p>12 being in macrophages, them being in cells? Is there</p> <p>13 another way they could be in cells besides in</p> <p>14 macrophages?</p> <p>15 A. It's possible. Epithelial cells can take</p> <p>16 up particles sometimes. So that's always a</p> <p>17 possibility.</p> <p>18 Q. In looking at this report and what you</p> <p>19 wrote, are you able to recall what you were meaning</p> <p>20 by saying "A significant amount of these particles</p> <p>21 were in cells in the ovaries and fallopian tubes"?</p> <p>22 Were you meaning epithelial cells, or were you</p> <p>23 meaning macrophages?</p> <p>24 A. I think most of what we're showing is</p> <p>25 within the stroma, and so these two pictures show</p>	<p>Page 25</p> <p>1 lymph through the node.</p> <p>2 Q. Last with regard to follow-up on</p> <p>3 Gallardo -- Ms. Gallardo's case, please turn to</p> <p>4 No. 2, your analysis summary. Turn over to the</p> <p>5 "summary of analyzed particles" page.</p> <p>6 A. Okay.</p> <p>7 Q. We talked yesterday about tremolite fiber,</p> <p>8 tremolite fragments. In Ms. Gallardo's case, did</p> <p>9 you find just a single tremolite fiber based on</p> <p>10 looking at this description of the blocks? And, of</p> <p>11 course, please feel free to look at your report.</p> <p>12 A. Yeah. I think in the table where we</p> <p>13 described the tremolite that we found, we only show</p> <p>14 one as a fiber.</p> <p>15 Q. That one you designate with a star?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. Thank you. You can put those aside.</p> <p>18 Next please find Exhibits 16, 17, and 18.</p> <p>19 MR. DEARING: Seem to be losing ground</p> <p>20 in this deposition.</p> <p>21 MR. HEGARTY: This is in relation to</p> <p>22 materials that were provided this morning.</p> <p>23 A. Got 18, 16. What is 17?</p> <p>24 Q. 17 is the chain of custody letter for</p> <p>25 Newsome dated July 27, 2021.</p>

<p>1     A. Okay. I have it. 16. 17 is the cover 2 letter. So 16 is the chain of custody. 17 is the 3 cover letter. 18 is the billing.</p> <p>4     Q. Focusing on the cover letter of July 27, 5 2021, we talked yesterday about everyone looking for 6 the letter in the chain of custody for the slides, 7 the path report -- and path report that you report 8 sending on March 29, 2021.</p> <p>9       I believe you had a chance after the 10 deposition yesterday to look for whether you could 11 find that cover letter and/or chain of custody 12 sending the slides for the Newsome case.</p> <p>13     A. Yes.</p> <p>14     Q. Were you able to find it?</p> <p>15     A. I found a copy of the cover letter, and I 16 found other chain of custody forms that were with 17 that, with that cover letter. And -- but they did 18 not include the one of the slide sent on 3/29.</p> <p>19     Q. We'll go ahead and mark those documents 20 that you brought as exhibits. We'll use the paper 21 so that we can make copies of these.</p> <p>22       So the first one I want to mark -- and we 23 are on Exhibit 29 -- is, I believe, a copy of the 24 same cover letter we've already marked; is that 25 correct?</p>	Page 26	<p>1 another document related to Ms. Newsome's case that 2 you brought.</p> <p>3       (Send-out request form for Newsome case, 4 Exhibit 31, marked)</p> <p>5     Q. Please tell us what Exhibit 31 is.</p> <p>6     A. This is from Holy Cross Health, Department 7 of Pathology. And it's -- they're sending Tissue 8 Blocks A3, A4, A15, A16, A19 to us.</p> <p>9     Q. Thank you.</p> <p>10    A. And it looks like it's a copy of an 11 original that you have just marked 32.</p> <p>12    Q. I'm marking the next set of documents that 13 you provided to us as Exhibit 32, which does appear 14 to contain the original of Exhibit 31 at the top.</p> <p>15    But there are other pages behind that.</p> <p>16       (Documents regarding Newsome case, 17 Exhibit 32, marked)</p> <p>18    Q. Please tell us what the other pages are.</p> <p>19    A. The other pages are a -- one is an e-mail 20 from Mr. Dearing to the hospital asking for five 21 blocks rather than all the blocks, which the 22 original request inappropriately asked for.</p> <p>23    Q. The original request which we marked 24 yesterday asked for all the blocks; correct?</p> <p>25    A. Asked for all the blocks.</p>	Page 28
<p>1     A. That's correct. It's the same as No. 17. 2       (July 27, 2021 letter, Exhibit 29, 3 marked)</p> <p>4     Q. The next one I want to mark that you 5 brought today -- which we are up to Exhibit 30 -- 6 are some chain of custody materials you were able to 7 locate.</p> <p>8       (Chain of custody document and table, 9 Exhibit 30, marked)</p> <p>10    Q. Please tell us what Exhibit 30 is.</p> <p>11    A. 30 is a chain of custody of the blocks 12 being sent to -- sent out to Jana Azpell.</p> <p>13    Q. That is a chain of custody document and a 14 table that you created; is that correct?</p> <p>15    A. Somebody created it. Yeah.</p> <p>16    Q. It's a chain of custody document and form 17 that comes from -- came from your office?</p> <p>18    A. Yes.</p> <p>19    Q. It originated at your office?</p> <p>20    A. Yes. But the fact that Holy Cross is 21 filled in and typed and ours is typed -- I mean, I 22 feel that this may have been sent to us. But I 23 don't know for sure.</p> <p>24    Q. The next one I'm -- next document you 25 brought with you, which I'll mark as Exhibit 31, is</p>	Page 27	<p>1     Q. This narrowed that down to just the blocks 2 requested in that e-mail?</p> <p>3     A. That's correct.</p> <p>4       (Chain of custody documents for Newsome 5 case, Exhibit 33, marked)</p> <p>6     Q. The next two documents I've marked as 7 Exhibit No. 33 were also documents you provided this 8 morning. Please tell us what documents are in 9 Exhibit 33.</p> <p>10    A. These look like additional copies of what's 11 marked as Exhibit 30. And it's the second page of 12 30 and it -- 30 is, looks like, an original. And 33 13 looks -- just looked like black-and-white copies of 14 the same page.</p> <p>15    Q. Thank you. You next brought in a document 16 which I'm going to mark as Exhibit 34, which is a 17 printout from IARC's Website.</p> <p>18       (Printout from IARC Website, Exhibit 34, 19 marked)</p> <p>20    Q. Please tell us what Exhibit 34 is.</p> <p>21    A. 34 is the Reference 10, I believe it was, 22 that we used in our report and where we referenced 23 this Website, and so that -- I went to the -- and 24 showed a printout of the Website as it appears on 25 the computer screen. And there's a choice of</p>	Page 29

Page 30	Page 32
1 "print." And when I hit "print," I got the second 2 page of it, which is just the area on talc. 3 Q. Do either of those two pages comment on the 4 categorization of a talc fiber? 5 A. No. But they talk about specifically 6 tremolite being a Group 1 and talc containing 7 asbestos. Tremolite is 1 -- is Group 1. 8 MR. DEARING: Can I see that for a 9 second? 10 MR. HEGARTY: Yes. 11 MR. DEARING: Are you about to move on 12 from this, or you have follow-up questions? 13 MR. HEGARTY: I think I have another 14 question. 15 MR. DEARING: Before you move on, I 16 might have some follow-up questions on that. 17 MR. HEGARTY: Sure. 18 Q. The printout that you provided to us, 19 Dr. Godleski, makes reference to talc containing 20 asbestos fibers. And it refers to "see 21 asbestos." Correct? 22 A. That's correct. 23 Q. Below that, it makes reference to talc not 24 containing asbestos or asbestos fibers. The 25 group there is 3; is that correct?	1 MR. HEGARTY: Objection to form. 2 A. That that includes both forms of asbestos 3 as well as talc fibers. 4 Q. So is it your opinion that this chart, this 5 table that refers you to where it says "see 6 asbestos," when it says "asbestiform fibers," that's 7 including talc fibers? 8 MR. HEGARTY: Objection to form. 9 A. I believe so. 10 Q. And we also -- not "we." Scientists also 11 in studies and in testing refer to talc asbestiform 12 fibers as "fibrous talc"; is that right? 13 MR. HEGARTY: Objection to form. 14 A. That's right. 15 MR. DEARING: Okay. Thanks. 16 MR. HEGARTY: You can put that over 17 there, Doctor. Thank you. 18 EXAMINATION 19 BY MR. HEGARTY: 20 Q. The last document from yesterday I want to 21 ask you a question about, if you could find it, is 22 Exhibit No. 11, which is the analysis summary for 23 Ms. Newsome's case. I think it's in the stack 24 that's in front of David. Please turn over to the 25 Electron Image 2, Spectrum 4 page, which is this

Page 31	Page 33

1 A. Yes.  
2 Q. The last entry is "Talc-based body powders,  
3 perineal use of." The group there is 2B; is that  
4 correct?  
5 A. That's correct.  
6 Q. This goes on to list the volumes that are  
7 -- that correspond to the material that is in the  
8 "agent" column.  
9 A. Yeah.  
10 Q. Was this printed out last night?  
11 A. Last night.  
12 Q. Okay. Thank you.  
13 MR. HEGARTY: David, did you want to ask  
14 questions about it?  
15 MR. DEARING: I do.  
16 EXAMINATION  
17 BY MR. DEARING:  
18 Q. Mr. Hegarty just asked you about whether  
19 there's a reference to fibrous talc on this table.  
20 MR. HEGARTY: Actually, I said "talc  
21 fiber."  
22 MR. DEARING: Talc fiber. Sorry.  
23 Q. Of course, the phrase "talc fiber" doesn't  
24 appear on this. But what is your understanding of  
25 talc containing asbestiform fibers?

1 one.  
2 A. Okay.  
3 Q. It has a reference to A3 on it.  
4 A. A3. Okay. I have it.  
5 Q. Looking at the electron image, to me, this  
6 appears to be a particle sitting on the top of  
7 tissue. Explain to me why that's not the case, if  
8 that's your opinion.  
9 A. Because the tissue is very well defined and  
10 has very sharp borders, as does the particle. If  
11 the particle -- and the particle looks like a  
12 particle probably about 5 microns.  
13 And so if that were just sitting on top,  
14 you wouldn't get this kind of definition of the  
15 surrounding tissue. You can see the cells in here  
16 and then the particles in good focus as well. So it  
17 all has to do with focus.  
18 Q. Tell me what Electron Image 2 is. In other  
19 words, what are you -- where is that a picture from?  
20 Is that by SEM/EDS?  
21 A. That is SEM, yeah. It's in the backscatter  
22 mode. And this is the picture that is taken by the  
23 analysis system so that you can mark where the --  
24 the system marks where the spectrum is taken from.  
25 Q. Look at Electron Image No. 3.

<p>1 A. Okay.</p> <p>2 Q. Is that, likewise, showing the particle in</p> <p>3 the same plane of focus as the tissue?</p> <p>4 A. It is. But the particle, I think, is</p> <p>5 deeper down in this cavity here. And I suspect this</p> <p>6 is -- if this is A3 in Newsome, wasn't A3 cervix?</p> <p>7 Q. I couldn't tell you at this point. Feel</p> <p>8 free to look at it, if you have to. Look at the</p> <p>9 pathology report, which would be probably about 10,</p> <p>10 11, probably -- no.</p> <p>11 MR. HEGARTY: Probably 12 or 13, David.</p> <p>12 MR. DEARING: I have that here. Yeah.</p> <p>13 13.</p> <p>14 Q. When you look at the pathology report, why</p> <p>15 does that make a difference?</p> <p>16 A. Huh?</p> <p>17 Q. Why does it make a difference where we're</p> <p>18 looking at for purposes of whether the particle's in</p> <p>19 the same plane of focus?</p> <p>20 A. If this was an H&amp;E, I'd probably recognize</p> <p>21 the tissue. With scanning, it's a little more</p> <p>22 difficult.</p> <p>23 Q. Understood.</p> <p>24 A. So A3 is, in fact, cervix. And the cervix</p> <p>25 has both the -- is very rich in lymphatics as well</p>	<p>Page 34</p> <p>1 But you're never really going to get it in</p> <p>2 really sharp focus, because it has a bit of tissue</p> <p>3 above it. But that's only, like, a micron of</p> <p>4 tissue.</p> <p>5 Q. Okay.</p> <p>6 A. And although the magnesium/silicon ratio is</p> <p>7 very good, the -- there is a pretty good peak of</p> <p>8 carbon, which would be the tissue that we tend to</p> <p>9 not -- we tend to ignore because, you know, it's not</p> <p>10 magnesium, silicon with carbon; but it's carbon over</p> <p>11 the tissue or over the particle.</p> <p>12 Q. Thank you.</p> <p>13 A. Kind of the same thing comes up in No. 8.</p> <p>14 MR. HEGARTY: Take just a quick break.</p> <p>15 Off the record.</p> <p>16 (A break was taken)</p> <p>17 MR. HEGARTY: We are back on the record.</p> <p>18 Q. Doctor, I want to ask you about your work</p> <p>19 on and analysis of material related to Ms. Hilary</p> <p>20 Converse. To begin, I want to mark as our next</p> <p>21 exhibit -- which is Exhibit 35 -- the analysis</p> <p>22 summary prepared for the Converse case.</p> <p>23 (Analysis summary for Converse case,</p> <p>24 Exhibit 35, marked)</p> <p>25 Q. Is Exhibit 35 the analysis summary for</p>
<p>1 as vessels. And what we have is a particle that is</p> <p>2 not in quite as good a focus as the surrounding</p> <p>3 tissue. And because of that, I would interpret that</p> <p>4 as being down -- a little farther down in the -- in</p> <p>5 this vessel, as opposed to this one that is right at</p> <p>6 the plane of the vessel.</p> <p>7 Q. Please look at the next several spectrum</p> <p>8 images. They all appear similar to the one we just</p> <p>9 looked at where the particle appears to be out of</p> <p>10 focus: Image 4, Image 8, Image 14, Image 18. And</p> <p>11 tell us what those pictures are all showing.</p> <p>12 A. The microscope really only goes to -- down</p> <p>13 into the tissues a depth of 2 microns when we're</p> <p>14 doing this. But, in fact, if there's a particle</p> <p>15 either at that 2-micron depth or maybe even lower,</p> <p>16 like the one that was open -- I think we were</p> <p>17 looking a little lower. But this one --</p> <p>18 Q. Which image are you pointing to?</p> <p>19 A. Image 4 where we have the structures in</p> <p>20 fairly good focus and the particle looks a little</p> <p>21 fuzzy. What's most likely going on there is it's</p> <p>22 just below the surface of the tissue so that we have</p> <p>23 a thin layer of cell above it that we don't really</p> <p>24 see because the particle sends a lot of electrons</p> <p>25 back in backscatter to show it.</p>	<p>Page 35</p> <p>1 Ms. Converse's case?</p> <p>2 A. Yes.</p> <p>3 Q. The preparer of this analysis summary, I</p> <p>4 think, on the first page was Dr. McDonald; is that</p> <p>5 correct?</p> <p>6 A. That's correct.</p> <p>7 Q. Do you recall that, for the most part, when</p> <p>8 we see the analysis summary, they were prepared by</p> <p>9 Dr. Fan? Do you remember seeing that?</p> <p>10 A. Yes.</p> <p>11 Q. How frequent has Dr. McDonald, in your</p> <p>12 recollection, prepared an analysis summary like</p> <p>13 this?</p> <p>14 A. She's -- she does a fair number of them</p> <p>15 where we -- sometimes, Dr. Fan will do all the case.</p> <p>16 Sometimes, they'll split the case. And sometimes,</p> <p>17 she'll do all the case.</p> <p>18 At the time that we were doing these, we</p> <p>19 were pressed because of the -- of these cases all</p> <p>20 coming about the same time. They all have</p> <p>21 relatively similar dates and -- so that she happened</p> <p>22 to do this whole case.</p> <p>23 Q. Do you review the analysis summary before</p> <p>24 it goes out the door?</p> <p>25 A. Yes.</p>

<p>1 Q. In terms of the preparation of the document      2 itself, that's done -- that was done in this case by      3 Dr. McDonald?</p> <p>4 A. Yes.</p> <p>5 Q. Was this analysis summary prepared, I guess      6 -- let me back up.</p> <p>7 This analysis summary doesn't have a date      8 of document on the first page. Do you see that?</p> <p>9 A. Yeah. She just has the start and finish      10 date.</p> <p>11 Q. The start and finish date is referred to      12 the "SEM," slash, "EDS analysis"; correct?</p> <p>13 A. Yes. She tends to do her documentation at      14 the end of each day that she works, rather than      15 doing it all at once at the end.</p> <p>16 Q. This report, though, doesn't include a date      17 of the document -- correct -- on the first page?</p> <p>18 A. It doesn't, because she does it daily,      19 rather than at the end.</p> <p>20 Q. Please turn over to page 2. What does      21 page 2 show? Please feel free to refer to page 1 as      22 well as far as what blocks were analyzed by SEM/EDS.</p> <p>23 A. So on -- blocks were labeled as 0731005.</p> <p>24 And then 3, dash, 4 was the lymph node. 2, dash, 7      25 was ovary. 2, dash, 8 was ovary. 1, dash, 4 was</p>	Page 38	<p>1 Dr. McDonald looked at more than just Blocks 3,      2 dash, 4LN?</p> <p>3 A. That's correct.</p> <p>4 Q. Before we come back to that page, look at      5 the pages that precede that page. Is Dr. McDonald      6 describing the same processes and procedures that      7 your office has always performed when doing SEM/EDS      8 analysis on the cases where you testified in the      9 past?</p> <p>10 A. Yes. The microscope is different. It's a      11 JEOL JSM-IT500HR. But it's a field emission      12 microscope, which is the same as Dr. Fan's. It has      13 the same ability to use variable pressure as his.      14 So it's a comparable microscope made by a different      15 company.</p> <p>16 Q. What is that microscope used for, for      17 purposes of the analysis summary? Are you talking      18 about the PLM microscope?</p> <p>19 A. No. I'm talking about the electron      20 microscope.</p> <p>21 Q. That makes it clear. So in the case of the      22 analysis for Ms. Converse, that was done using a      23 different SEM microscope than the one Dr. Fan uses?</p> <p>24 A. That's correct.</p> <p>25 Q. Are they two different offices?</p>	Page 40
<p>1 ovary. 8, dash, 2 is lymph node. 2, dash, 2 was      2 C12. I'm not sure what that is. I'd have to look      3 at the path report. And 83 was the lymph node.</p> <p>4 Q. You were just reading from the first page.      5 If you look at the second page, Dr. McDonald makes      6 reference to only Paraffin Blocks 3, dash, 4LN in      7 describing sample preparation. Do you see where I'm      8 reading?</p> <p>9 A. Yeah.</p> <p>10 Q. Do you know why she only made reference to      11 Paraffin Blocks 3, dash, 4LN on page 2?</p> <p>12 A. No.</p> <p>13 Q. In the other reports we've looked at, on      14 this sample preparation page, they've always listed      15 the total blocks reviewed. Do you remember seeing      16 that?</p> <p>17 A. Yeah. And later on, she has tables for all      18 the blocks.</p> <p>19 Q. Let's go ahead and turn to that table later      20 on. You're making reference to the page that has a      21 title of "summary of particles characterized by      22 SEM," slash, "EDS -- Converse Hilary S07," dash,      23 "31005 -- per block"?</p> <p>24 A. That's correct.</p> <p>25 Q. Does this page to you show that</p>	Page 39	<p>1 A. They're two different locations. Dr. Fan's      2 microscope, it's at Boston University or -- the one      3 he uses is at Boston University. And this one is at      4 Rogers Imaging, which is a company in Natick,      5 Massachusetts.</p> <p>6 Q. Okay. Does it appear otherwise -- let me      7 start over again.</p> <p>8 Does it appear that, besides the different      9 SEM/EDS microscope, everything else that      10 Dr. McDonald did was consistent with what Dr. Fan      11 has done?</p> <p>12 A. Exactly. And the other thing is that the      13 EDX or EDS system is exactly the same as Dr. Fan's.      14 So all the images and things look the same.</p> <p>15 Q. Please turn over to -- or please turn back      16 over to the "summary of particles characterized"      17 page that has the particles located by blocks.      18 Please tell me when you're there.</p> <p>19 A. Okay. I'm there.</p> <p>20 Q. Looking at the report for Block 8, dash,      21 3LN in the lower right-hand corner, that makes      22 reference to external metals with a number 2.</p> <p>23 A. Yeah.</p> <p>24 Q. How do you interpret that reference?</p> <p>25 A. Well, that's -- what that means is that</p>	Page 41

1 could be iron where it's just iron because we use 2 the same distinctions as Dr. Fan does. It could be 3 some other metal. I'd have to go and look at the 4 reports to see what that exactly refers to. 5 Q. If you go one page back, that is a slide 6 summarizing the particles characterized by SEM/EDS; 7 correct? 8 A. Yes. 9 Q. That reports a total number of external 10 metals at three; is that right? 11 A. Yes. 12 Q. The total number of external minerals as 13 23. 14 A. Yes. 15 Q. The total talc particles for Ms. Converse 16 that Dr. McDonald located was four; correct? 17 A. Yes. 18 Q. If we go back to the page that has the 19 particles broken down by block, Dr. McDonald 20 references something called endogenous precipitates. 21 What's an endogenous precipitate? 22 A. Well, they are endogenous particles. 23 Mostly, they're calcium that's from the tumor. 24 Sometimes, you can get sodium chloride or sodium 25 sulfate which is part of the buffer system for	Page 42	1 her tissue; correct? 2 A. That's correct. 3 Q. You also didn't identify any talc fibers in 4 her tissue; correct? 5 A. No. They seemed to be all particles. 6 Q. Looking at the tissue blocks, Dr. McDonald 7 -- Dr. McDonald used the same methods we've looked 8 at in previous reports of identifying where the 9 particles were looked at by SEM/EDX in particular 10 using yellow dots. 11 A. Yeah. 12 Q. The next document that I want to mark as an 13 exhibit is the invoice we received for this case. 14 (Invoice for Converse case, Exhibit 36, 15 marked) 16 Q. I marked as Exhibit 36 the invoice we 17 received. Is Exhibit 36, Dr. Godleski, the invoice 18 for your work done on the Hilary Converse case? 19 A. Yes. 20 Q. Have you done any additional work on the 21 Hilary Converse case since the last entry on this 22 invoice -- August 3, 2021 -- besides to prepare for 23 today's deposition? 24 A. Prepare for today's deposition and probably 25 sent out materials.
Page 43 1 fixation, which -- as the tissue is dehydrated, if 2 you have, say, sodium chloride in the buffer system, 3 as the water is taken out in the process of the 4 tissues to take it from a viable or fixed tissue 5 into a paraffin block -- which requires that it has 6 all the water taken out -- a lot of those ions go 7 out with the water. But some can be left behind and 8 precipitate. 9 So it's not unusual that we find things 10 like sodium or potassium precipitates in the -- in 11 there. We just call them "endogenous particles." 12 And she happened to call them "precipitates" here, 13 which is not a word that we've typically used. 14 Q. That's why I asked you about it, because I 15 had not seen a reference to "precipitates" in any of 16 the prior analysis summaries we've talked about. 17 A. But they're there and analyzed. And if you 18 go through the reports, you'll find sodium chloride, 19 sodium sulfate, things like that. 20 Q. Does the analysis summary for Ms. Converse 21 include the images and spectrum for those particles 22 that you are calling talc? 23 A. Yes. 24 Q. In the case of Ms. Converse, you did not 25 identify any asbestos, tremolite or otherwise, in	Page 43	Page 45 1 Q. Exhibit 36 does not include an entry where 2 you're requesting blocks either by e-mail or 3 otherwise. Do you see that that entry's not there? 4 A. Yes. 5 Q. Do you know how in this case you were able 6 to obtain the blocks? 7 A. I think this may be the -- one of the cases 8 where they came -- the blocks and the slides came 9 together. 10 Q. Let's look at the chain of custody 11 document that might answer that question, which 12 we'll mark as our next exhibit. 13 And before I go there, have you received 14 payment for the invoice that we marked as 15 Exhibit 36? 16 A. Yes. 17 Q. Thank you. 18 (June 22, 2021 letter, Exhibit 37, 19 marked) 20 Q. The first chain of custody document I want 21 to mark is a June 22, 2021 letter that has "Yale 22 University" on the top. I've marked that as 23 Exhibit 37. Again, this is a June 22, 2021 letter 24 that has the "Department of Pathology, Yale 25 University" at the bottom.

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1 It's referenced to you at the top, and it 2 is enclosing for S -- for patient named S07, dash, 3 31005 45 slides and 41 blocks and for N07, dash, 4 5280 11 slides and three blocks. Do you see where 5 I'm reading? 6 A. Yes. 7 Q. Are those two different patients? 8 A. No. They're two different procedures on 9 this patient, I would think. 10 Q. The letter makes reference in the first 11 line to enclosing material you have requested. Do 12 you see that? 13 A. Yes. 14 Q. So should there be a request of some sort 15 -- whether e-mail or in other written form -- of a 16 request from you to Yale for this material as it 17 relates to Ms. Converse? 18 A. It was probably the letter we talked about 19 yesterday that -- where Beasley Allen fills in the 20 information and that -- on the letter that I had 21 written as a template. 22 Q. You're talking about the template or form 23 letter? 24 A. Yes. 25 Q. Let's walk through the rest of the material	1 reference to sending the pathology report and 2 material you've requested. Do you see anywhere to a 3 reference to them including the chain of custody 4 form? 5 A. They don't mention the chain of custody. 6 They just mention the slides and blocks, and they 7 don't mention their report either. 8 Q. When you say "They don't mention their 9 report," what do you mean? 10 A. In the cover letter. Oh, no. They do. 11 "Please find pathology reports and material you have 12 requested." 13 Q. If we go back, then, to the original chain 14 of custody document dated June 22, 2021, do you 15 recognize any of the handwriting in that "releasing 16 party" section? 17 A. Dr. McDonald and mine. 18 Q. No. I'm talking about the "releasing 19 party" section. 20 A. Oh, no. No. Absolutely not. 21 Q. Do you recognize any names that are listed 22 there, the contact name of Michelle Cordone? The 23 person -- 24 A. No. 25 Q. -- releasing it, Michelle S? Any of those
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1 we have for the chain of custody subject area. 2 MR. HEGARTY: I'll mark the next exhibit 3 as Exhibit 38. 4 (Pathology report, chain of custody 5 document, and June 22, 2021 letter, Exhibit 38, 6 marked) 7 Q. It actually includes the cover letter and 8 then the corresponding pathology report and chain of 9 custody document. Please begin with regard to the 10 chain of custody documents with the one that's dated 11 at the top June 22, 2021. 12 A. Yes. 13 Q. Do you see that document, Dr. Godleski? 14 A. Yes. 15 Q. If we look above that date for 16 Ms. Converse, there's a reference to a litigation 17 number with a date of July 27, 2017. Does this 18 appear to be a chain of custody form from Yale? 19 A. I have no idea. It obviously came with the 20 material from Yale. So I don't know what that 21 refers to up at the top. Sometimes it gets crossed 22 out. 23 Q. Why do you think this came from Yale in the 24 first place? In particular, if you look at their 25 letter -- which we marked as Exhibit 37 -- they make	1 names familiar to you? 2 A. No. These, I would think, are people at 3 Yale. 4 Q. If we look down below at the "recipient" 5 section, it lists you -- your business as the 6 facility name; correct? 7 A. Yes. 8 Q. With your home address? 9 A. Yeah. 10 Q. It reports you receiving 56 histologic 11 slides and 44 paraffin tissue blocks. 12 A. That's correct. 13 Q. Does that correspond with the numbers that 14 are on the cover page from Yale? 15 A. It does. 16 Q. It notes in that section that the person 17 receiving the shipment was Dr. McDonald; correct? 18 A. That's correct. 19 Q. Is that her handwriting, along with the 20 description of what was received? 21 A. Yes. 22 Q. It notes that you witnessed the receipt; is 23 that correct? 24 A. That's correct. 25 Q. That was on June 23, 2021?

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<p style="text-align: right;">Page 50</p> <p>1 A. Yeah.      2 Q. You did not date and time your signature,      3 though.      4 A. That's correct.      5 Q. And if we turn over to the next page of you      6 sending the documents back out, that's dated at the      7 top July 27, 2021; correct?      8 A. Yeah.      9 Q. It notes a surgery date for Ms. Converse of      10 September 5, 2007. That was about 14 years earlier;      11 right?      12 A. Yes.      13 Q. You sent out on July 27th -- and before I      14 go there, it appears that you originally -- whoever      15 wrote this originally wrote "July 26th," then put      16 "July 27th" over it. Does that look right?      17 A. That's the way it looks.      18 Q. What you sent or what was sent out on July      19 27, 2021 was 56 histologic slides, 44 paraffin      20 blocks, histologic shavings from seven blocks, and a      21 copy of the surgical pathology report; correct?      22 A. That's correct.      23 Q. Then you signed as the person releasing the      24 shipment; is that correct?      25 A. Yes.</p>	<p style="text-align: right;">Page 52</p> <p>1 Ms. Converse.      2 Q. Thank you. The next document I want to      3 mark separately is the pathology report for      4 Ms. Converse.      5 MR. HEGARTY: We will mark that as      6 Exhibit No. 40.      7 (Pathology report for Converse case,      8 Exhibit 40, marked)      9 Q. Is Exhibit No. 40 the pathology report you      10 reviewed for Ms. Converse's case?      11 A. That's correct.      12 Q. The next document I want to mark is the      13 handwritten note document we received.      14 MR. HEGARTY: I will mark this document      15 as Exhibit 41.      16 (Handwritten notes for Converse case,      17 Exhibit 41, marked)      18 Q. Please tell us, Dr. Godleski, what      19 Exhibit 41 is.      20 A. This is a handwritten summary of the slides      21 with birefringent particles and slides without      22 birefringent particles and the blocks recommended      23 for further study.      24 Q. The handwriting in this document is of      25 Dr. McDonald's?</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. Is the rest of the handwriting      2 Dr. McDonald's handwriting?      3 A. Yes.      4 Q. She actually witnessed the sending out of      5 that material; correct?      6 A. That's correct.      7 Q. Then the bottom shows receipt of the 56      8 pathology slides and 44 paraffin blocks. Do you see      9 that?      10 A. Yes.      11 Q. What's not listed there is the receipt of      12 the histologic shavings from seven blocks and the      13 copy of the surgical pathology report. Do you know      14 if those were actually sent?      15 A. Yes, they were.      16 Q. The next document I want to mark is the      17 cover letter of you sending the material for the      18 Converse case, which I'll mark as Exhibit 39.      19 (July 27, 2021 letter, Exhibit 39,      20 marked)      21 Q. Please tell us, Dr. Godleski, what      22 Exhibit 39 is.      23 A. 39 is my cover letter on July 27th to Jana      24 Azpell. And it says they're sending slides, blocks,      25 shavings, chain of custody, and path report on</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Yes.      2 Q. This makes reference to Hilary Converse,      3 S07, dash, 31005. If you recall from the Yale      4 letter, they also sent tissue from procedure or      5 process N07, dash, 5280. Were any of those slides      6 reviewed for birefringent particles?      7 A. No. They were cytology. And generally,      8 cytology, just the way it's made, again, has a lot      9 of chance for contamination. So we usually don't      10 spend time looking at those.      11 Q. Are there actually blocks for cytology?      12 A. No. They're usually either slides prepared      13 for cytology that are done by air-drying and then      14 surface-staining them, and the other possibility is      15 that they have cells that they spin down into a      16 pellet and then section it. And that often has a      17 lot of contamination, too, so we don't do that.      18 Q. The reason I ask that question is because      19 the cover letter from Yale makes reference to      20 sending blocks for the N075280, which would normally      21 not be for cytology. Can you tell from the      22 pathology report what N07, dash, 5280 is?      23 A. Yes. In the back of it is a cytology      24 report with N075280. And it has three materials,      25 and one is called a pelvic wash. The other's a</p>

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<p style="text-align: right;">Page 54</p> <p>1 pericolic wash, and the third is a -- one's right      2 pericolic. The other is left pericolic.      3 So what they do is inject saline solution      4 into the abdomen, retrieve it. And that retrieves      5 free cells from the abdomen. And very often, if      6 there are malignant cells in there, they'll retrieve      7 those. They'll retrieve reactive epithelial cells      8 or mesothelial cells, and they'll also get some      9 macrophages usually.</p> <p>10 And they did that with these three      11 specimens, and they were all negative for malignant      12 cells. And I'm sure they were prepared as I just      13 described so that we did not further study those.</p> <p>14 Q. Looking at the handwritten note, which we      15 marked as Exhibit 41. Based on my math, the slides      16 with birefringent particles totalled 25. The slides      17 without birefringent particles totalled 19. Does      18 that sound consistent with your review of the      19 document?</p> <p>20 A. I'll accept that.</p> <p>21 Q. Did Dr. McDonald or anyone else record the      22 number of particles that were visualized in the      23 slides with birefringent particles?</p> <p>24 A. Only in photomicrographs, which you've      25 received.</p>	<p>1 particles.</p> <p>2 Q. In the case of Ms. Converse, what were you      3 asked to do?</p> <p>4 A. Confirm the pathology and assess the      5 presence of particles.</p> <p>6 Q. When you were asked to confirm the      7 pathology and assess the tissue for particles, were      8 you aware that Ms. Converse was a plaintiff in a      9 lawsuit involving allegations of ovarian cancer from      10 talcum powder use?</p> <p>11 A. These came from the law firm, so that --      12 that was possible. Whether she was a plaintiff yet      13 or not, I don't know.</p> <p>14 Q. Looking at the requested blocks in      15 comparison to the surgical pathology report, what      16 tissue was requested for review by SEM/EDS?</p> <p>17 A. The left -- I'm trying to figure out this      18 -- certainly, the left tube and ovary. Looks like      19 the right tube and ovary. We have a couple -- we      20 have left pelvic lymph nodes. We have right pelvic      21 -- right para-aortic nodes. And 2C, I'm guessing,      22 is the cervix. But I can look that up.</p> <p>23 Q. I don't want you to guess, but please look      24 at the pathology report --</p> <p>25 A. Yeah.</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. The only documentation of the review of the      2 slides for particles would be the handwritten      3 document we marked as No. 41 and the PLM images;      4 correct?</p> <p>5 A. Yeah. And the regular light microscope      6 images.</p> <p>7 Q. Would you, likewise, have reviewed the      8 slides that Dr. McDonald did in preparing your      9 report --</p> <p>10 A. Yes.</p> <p>11 Q. -- for the Converse case?</p> <p>12 A. Yeah.</p> <p>13 Q. At the bottom, the recommendation for      14 further study are Blocks 2, dash, 2C12; 1, dash,      15 40V; 2, dash, 70V; 2, dash, 80V; 3, dash, 4LN; 8,      16 dash, 2LN; and 8, dash, 3LN. Why were those      17 particular blocks requested?</p> <p>18 A. These were all blocks that are in the      19 slides-with-birefringent-particles list.</p> <p>20 Q. Why those -- why these particular ones      21 versus the other ones that are -- that showed      22 birefringent particles?</p> <p>23 A. Usually, they either had more than one, or      24 they were in an area where we generally find them.      25 And so that increases the chance of finding</p>	<p>1 Q. -- and confirm which are -- what tissues      2 correspond to the C12, the V, the LN -- and the LN.</p> <p>3 A. They have blocks summarized at the end.</p> <p>4 MR. DEARING: That's so useful.</p> <p>5 A. Yeah. So -- well, I'm trying to find it in      6 the text. Okay. So this C12 is the anterior      7 cervix. And then the others are as I've indicated.</p> <p>8 Q. I said, actually, 4 -- 1, dash, 4. That's      9 1, dash, 4OV, not 04. OV, according to the      10 pathology report, is ovary and fallopian tube.</p> <p>11 A. Yes.</p> <p>12 Q. LN, according to the pathology report,      13 refers to lymph nodes.</p> <p>14 A. Yes.</p> <p>15 Q. Are you able to -- and by -- based on the      16 number, are you able to determine which -- whether      17 the ovary and fallopian tube were looked at?</p> <p>18 A. Yes. So 14 would be left ovary. 2 is the      19 right ovary. And then 3 is the right pelvic nodes.      20 8 is the right para-aortic nodes, and this 2C12 is      21 anterior cervix.</p> <p>22 Q. With regard to the birefringent particles      23 that are referenced in Exhibit 41, you can't say      24 based on your PLM review what those are other than      25 they're birefringent?</p>

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1 A. They're birefringent. 2 Q. And in the Hilary Converse case, did you 3 attempt to correlate the number of birefringent 4 particles to the number identified by SEM as you 5 have done in other -- as you did in one of your 6 papers? 7 A. No. 8 Q. Have we marked everything that you would -- 9 I'm sorry. I need to mark the expert report. I'm 10 going to mark as Exhibit 42 your expert report for 11 the Hilary Converse case. 12 (July 12, 2021 expert report for 13 Converse case, Exhibit 42, marked) 14 Q. Please look at Exhibit 42, and tell me 15 whether that document is your report for 16 Ms. Converse. 17 A. Yes. 18 Q. Have we now marked everything that you 19 believe you generated, slash, created for the work 20 you did on the Hilary Converse case? 21 A. Yes. 22 Q. With regard to Ms. Converse, do you know if 23 she's still living? 24 A. I don't. 25 Q. Do you know where she resides?	Page 58 1 MR. HEGARTY: I included the report. 2 A. Yes. 3 Q. Does the report that we marked as 4 Exhibit 42 contain all of what you intend to testify 5 with regard to Ms. Converse and your analysis of the 6 case? 7 MR. DEARING: Objection. Form. 8 A. Yes. 9 Q. Was the methodology you used to review 10 Ms. Converse's tissue the same as you had done in 11 prior cases where you have been designated and 12 testified as an expert witness? 13 A. For the most part, I think they -- one 14 difference is that -- and we have started to do this 15 more, actually, for Dr. Fan where, if we have a 16 tumor in the block that we're looking at and normal 17 tissue, I'm trying to -- the pathologist is usually 18 sampling the tumor because that's of greatest 19 interest to him. And that's what he needs to 20 define, specifically in terms of the care of the 21 patient. 22 And we generally don't find much talc in 23 the tumor tissue. And what we often find in these 24 is an enormous amount of calcium and other 25 precipitates. So we -- just to save time, we often
Page 59 1 A. No. 2 Q. What type of ovarian cancer did 3 Ms. Converse have? 4 A. She had a clear-cell. 5 Q. Did you look at her tissue for 6 endometriosis? 7 A. Yes. 8 Q. Did you find any indication of 9 endometriosis in the tissue you reviewed? 10 A. No. 11 Q. In looking at your July 12, 2021 report for 12 Ms. Converse, did you prepare this report yourself? 13 Or did anyone assist you? 14 A. I suspect that Dr. McDonald assisted. 15 Q. Please turn over to the last page, page 6. 16 Is that your signature? 17 A. Yes. 18 Q. Does your report for Ms. Converse contain 19 everything as far as what you found in her tissues 20 from your review by PLM and SEM/EDS? 21 MR. DEARING: Objection. Form. 22 A. Yes. 23 MR. DEARING: By "report," are you 24 including all the data files and everything else 25 when you say "report"?	Page 61 1 skip the tumor tissue. 2 Dr. Fan -- being a microscopist, is not a 3 pathologist -- generally looks at the whole block, 4 although, now he starts -- we now draw maps for him 5 of where the normal tissue is. And he tends to 6 follow the maps. So he is excluding tumor tissue 7 because he had been analyzing hundreds of calcium 8 and other materials -- other endogenous materials in 9 the tumors. 10 That being said, in this case, Dr. McDonald 11 in her analysis summary shows the areas where she 12 actually looked. And in many cases, it's not the 13 entire block. It excludes tumor. It excludes other 14 areas in some instances. 15 Q. Any other -- 16 A. So that's the difference compared to what 17 we've been talking about versus what we are -- what 18 we go for -- we're doing now as well as what she did 19 in this case. 20 Q. And before I move too far past this subject 21 area, do you recall, when we finished marking the -- 22 all the materials for this case, we did not see an 23 e-mail or a form or a template letter requesting the 24 blocks from Yale? Do you remember not seeing that? 25 A. Right.

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1 Q. So we would -- is that something you can 2 look for? 3 A. No. There was none. They sent us the 4 blocks with the case. 5 Q. I understand that part. But do you recall 6 the cover letter from Yale said "enclosed are what 7 you requested"? 8 A. Yes. 9 Q. In other cases, we've seen requesting 10 letters or e-mails. 11 A. Right. 12 Q. We have not seen that kind of document for 13 Ms. Converse's case; correct? 14 A. That's correct. 15 Q. Is that something we can look for? 16 MR. DEARING: There's not a document. 17 Can we go off the record? I can explain it to you. 18 MR. HEGARTY: Off the record. 19 (Off record discussion) 20 MR. HEGARTY: Back on the record. 21 MR. DEARING: So I was explaining this 22 case doesn't have the typical request letter because 23 we're in an MDL. There are more than one law firm 24 involved. Beasley Allen didn't make the original 25 request for this tissue; another law firm did. I	1 analyzing the tissue, did she use Raman spectroscopy 2 in this case? 3 A. No. 4 Q. Please turn to page 2 of your report for 5 Ms. Newsome. 6 A. Converse? 7 Q. I'm sorry. Converse. Let me start the 8 question over again. 9 Please turn to page 2 of your report for 10 Ms. Converse. 11 A. Okay. 12 Q. The second full paragraph says that you 13 reviewed 42 out of a possible 42 hematoxylin and 14 eosin -- and that's H&E -- stained slides, plus 15 three additional H&E recuts on Block 1, dash, FS -- 16 1, dash, FS1. "Therefore, total of 45 slides on 17 Hilary Converse," paren, "S07," dash, "31005," 18 closed paren; is that correct? 19 A. Yes. 20 Q. Were the recuts done at Yale? 21 A. Yes. 22 MR. DEARING: I left an important part 23 of that narrative out. Ms. Azpell was also involved 24 in all the communications because Yale would not 25 release them to us without her consent and her
Page 63	Page 65
1 believe it's the other firm. They don't have the 2 letter that Dr. Godleski prepared for us. 3 They were making efforts to request the 4 blocks and slides themselves to get to Dr. Godleski. 5 Problem with Yale is they wouldn't give them up, 6 none of them. So Cynthia Garber went round and 7 round with Yale for months; couldn't get them. She 8 got me involved. 9 I went round and round with them for at 10 least another month, got their legal department, had 11 to threaten to sue them to get the blocks, showed 12 the MDL order to -- that compels them to produce the 13 blocks. 14 Finally, the right person agreed with 15 two weeks to go before his report was due to send us 16 the materials. And I said "Here's what we want. 17 Send them all to Godleski. Don't send them to me, 18 because we're on the clock." That's how that 19 happened. So there isn't a typical request letter. 20 MR. HEGARTY: Thank you. 21 MR. DEARING: Sorry. I said that really 22 fast. I have a lot of e-mails, but he wasn't 23 involved in any of that. 24 Q. Going back to the work that you did in 25 preparing your report and Dr. McDonald did in	1 promise not to do destructive testing when we sent 2 them to her after we saw them. She also has 3 correspondence. Sorry. Forgot. 4 Q. As discussed earlier, you did not review 5 the cytology slides for particles; correct? 6 A. That's correct. 7 Q. I meant to ask you. With regard to the 8 pathology report that we looked at, other than the 9 pathology report, did you review any other medical 10 records for Ms. Converse? 11 A. No. 12 Q. Did you receive the pathology report 13 initially from Yale? 14 A. Yes. 15 Q. Did you make requests for any additional 16 documents, medical records, or any other information 17 about Ms. Converse? 18 A. No. 19 Q. Did you agree with and do you still agree 20 with the findings in the pathology report? 21 A. Yes. 22 Q. In particular, that Ms. Converse had clear- 23 cell carcinoma? 24 A. Yes. 25 Q. Was there any part of the pathology report

<p>1 with which you disagreed?</p> <p>2 A. No.</p> <p>3 Q. If you could find the pathology report.</p> <p>4 Who was the pathologist who reviewed Ms. Converse's</p> <p>5 tissue?</p> <p>6 A. Maritza Martel.</p> <p>7 Q. Do you know Dr. Martel?</p> <p>8 A. No.</p> <p>9 Q. Have you ever been to the Yale Department</p> <p>10 of Pathology laboratory?</p> <p>11 A. I have not.</p> <p>12 Q. Do you have any personal knowledge of the</p> <p>13 processes employed at the Yale lab to handle and</p> <p>14 process tissue, including the tissue for</p> <p>15 Ms. Converse?</p> <p>16 A. I'm sorry?</p> <p>17 Q. Do you have any personal knowledge of the</p> <p>18 processes --</p> <p>19 A. No.</p> <p>20 Q. -- employed at the lab to handle and</p> <p>21 process tissue, including those that were used to</p> <p>22 handle and process Ms. Converse's tissue?</p> <p>23 A. No.</p> <p>24 Q. Going back to your report for Ms. Converse.</p> <p>25 You did not identify finding any granulomatous</p>	<p>Page 66</p> <p>1 nucleus. Then you see a -- what looks to be five</p> <p>2 particles within the cytoplasm of the macrophage.</p> <p>3 Q. Why did you not make a specific reference</p> <p>4 in this report to any birefringent particle being in</p> <p>5 a macrophage when you had done so in other reports?</p> <p>6 A. I have no good reason.</p> <p>7 Q. Other than what you just described as</p> <p>8 seeing these particles in the right-hand picture on</p> <p>9 Figure 2 being in a macrophage, did you identify any</p> <p>10 other tissue reaction or response to any particle?</p> <p>11 A. No.</p> <p>12 Q. Did you find any particles in what you</p> <p>13 believe are lymphatic vessels?</p> <p>14 A. Not that I displayed here, and I'm not sure</p> <p>15 about the other pictures.</p> <p>16 Q. We looked earlier at the letter from Yale</p> <p>17 sending 45 slides and 41 blocks. So there's a</p> <p>18 difference of 45 versus 41. Do you know what that</p> <p>19 difference represents?</p> <p>20 MR. DEARING: I'm sorry. Can you repeat</p> <p>21 the question?</p> <p>22 Q. Sure. The sending letter from Yale --</p> <p>23 which we marked as Exhibit 38 or is in Exhibit 38</p> <p>24 dated June 22, 2021 -- refers to sending 45 slides</p> <p>25 and 41 blocks. My question is how do the 45 slides</p>
<p>1 reaction; correct?</p> <p>2 A. No.</p> <p>3 Q. You also did not identify finding any</p> <p>4 foreign-body giant cell reaction; correct?</p> <p>5 A. No.</p> <p>6 Q. Again, you would have identified any such</p> <p>7 reactions if you saw them?</p> <p>8 A. Yes.</p> <p>9 Q. Did you find any -- let me ask a different</p> <p>10 way.</p> <p>11 Did you identify any tissue response to any</p> <p>12 particles in Ms. Converse's case?</p> <p>13 A. Macrophages taking up particles is a tissue</p> <p>14 response. So I -- I saw that photographed and shown</p> <p>15 in Figure 2.</p> <p>16 Q. Where in Figure 2 do you describe seeing</p> <p>17 particles in macrophages?</p> <p>18 A. I would just say it's in the plane of focus</p> <p>19 with the tissue. But it's clearly in the macrophage</p> <p>20 at the white arrow on the right picture, and on the</p> <p>21 left picture it looks like it's more in connective</p> <p>22 tissue.</p> <p>23 Q. Why does the right picture show a</p> <p>24 birefringent particle in a macrophage?</p> <p>25 A. It's an area of cytoplasm. You can see a</p>	<p>Page 67</p> <p>1 relate to the 41 blocks, if you know?</p> <p>2 A. There were three recuts on Block 1FS1 that</p> <p>3 I saw on the top of page 2. And that takes it from</p> <p>4 42 slides to 45. It's -- that accounts for the 45</p> <p>5 slides. I suspect -- it seems like there's -- there</p> <p>6 may be one additional block that has more than one</p> <p>7 cut.</p> <p>8 Q. Because we're -- we -- as you just went</p> <p>9 over, there were 42 slides and 3 recuts but 41</p> <p>10 blocks. So there's still a difference between the</p> <p>11 blocks and the non-recut slides of 1.</p> <p>12 A. Yeah.</p> <p>13 Q. Do you list in your report what that one</p> <p>14 additional slide was of?</p> <p>15 A. No. We don't say.</p> <p>16 Q. Look at Figure 1, Dr. Godleski. Those are</p> <p>17 images from a polarized light microscopy view of the</p> <p>18 tissue shown; correct?</p> <p>19 A. Figure 1 is light microscopy.</p> <p>20 Q. The left-hand picture is of ovarian tissue;</p> <p>21 is that right?</p> <p>22 A. Yes.</p> <p>23 Q. The right view is of what tissue?</p> <p>24 A. Same tissue at higher magnification.</p> <p>25 Q. Figure 2, as we talked about just a moment</p>

<p style="text-align: right;">Page 70</p> <p>1 ago, also shows two additional polarized light      2 microscopy views of tissue; correct? The -- is that      3 correct?      4 A. Figure 1 is not polarized light.      5 Q. I'm sorry.      6 A. It's regular light. Figure 2 is polarized      7 light.      8 Q. So Figure 1 is not of -- is regular light.      9 Figure 2 is polarized light?      10 A. Correct. Figure 1 is showing the tumor.      11 Q. Figure 2 is a polarized light microscopy      12 and shows a couple -- shows some birefringent      13 particles in those two photos; correct?      14 A. That's correct. It shows it in the left      15 ovary and in the right pelvic lymph node.      16 Q. Staying with the description of the photos      17 in Figure No. 2. Looking at the photo on the right,      18 you describe what you're showing there as "Tissue      19 from a right pelvic lymph node showing birefringent      20 particles," slash, "fibers," paren, "see arrow,"      21 closed paren. Do you see where I'm reading?      22 A. Yeah.      23 Q. Do you recall us talking earlier, that you      24 didn't identify any fibers in the Converse case?      25 MR. DEARING: Objection.</p>	<p style="text-align: right;">Page 72</p> <p>1 A. No. That would be obtainable from the      2 pictures.      3 Q. Please turn over to page 4. The middle      4 paragraph says, as we looked at from the report,      5 that you found a total of four talc particles;      6 correct?      7 A. That's correct.      8 Q. With regard to those four particles and all      9 the talc particles you identify, you -- the standard      10 you use is magnesium-to-silicon atomic ratio plus or      11 minus 5 percent of the accepted magnesium-to-silicon      12 atomic weight ratio; correct?      13 A. Yes.      14 Q. That's what you did in the Converse case,      15 and that's what you do in all your cases?      16 A. That's correct.      17 Q. You found the four talc particles in      18 Blocks 3, dash, 4LN and Block 2, dash, 2C12 -- C12;      19 correct?      20 A. That's correct. And 83LN.      21 Q. Yes. I need to add that. And 83LN. So      22 you found talc particles in three of the seven      23 blocks reviewed.      24 A. Yes.      25 Q. Those particles were in the right pelvic</p>
<p style="text-align: right;">Page 71</p> <p>1 A. That's correct.      2 Q. What are you actually calling in this      3 polarized light microscopy photo something a fiber?      4 A. Well, the question would be whether that --      5 the highest particle there made -- reached      6 dimensions of a fiber. I'm not sure that it does.      7 Kind of hard to say just looking at it. And      8 actually, measuring it would be kind of hard. It's      9 a very small particle.      10 Q. You did not identify by SEM/EDS any fibers;      11 correct?      12 A. We did not.      13 Q. With regard to what we're looking at here      14 in Figure 2 and your other PLM photographs, what you      15 can say from those photographs is you are seeing      16 birefringent particles; correct?      17 A. Yes.      18 Q. You cannot say what that birefringent      19 particle is; correct?      20 A. That's correct. It's a birefringent      21 particle.      22 Q. Did you record anywhere for the Converse      23 case the -- apart from the spectrum images      24 themselves -- the spectrum of particle sizes of the      25 particles you looked at?</p>	<p style="text-align: right;">Page 73</p> <p>1 lymph node, the right paraaortic lymph node, and the      2 anterior cervix tissue?      3 A. Yes.      4 Q. These particles cannot be matched with the      5 particles you found by PLM; correct?      6 A. That's correct. They're different planes,      7 different sections of material.      8 Q. Table 1 on page 4 identifies the blocks,      9 spectrum number, and magnesium-to-silicon ratio of      10 the particles you're calling talc.      11 A. Yes.      12 Q. Looking at Figure 4 of your report, page 5,      13 we see Electron Image 13 and Electron Image 9; is      14 that correct?      15 A. That's correct.      16 Q. The first one, which is in the upper group,      17 is of the anterior cervix; right?      18 A. The upper picture is Block 34N, lymph node.      19 Q. I'm sorry.      20 A. The upper left.      21 Q. Yeah. I skipped to the name "upper" -- the      22 upper left is of the --      23 A. Lymph node.      24 Q. -- right pelvic node.      25 A. Yes.</p>

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1 Q. The second one is of the anterior cervix. 2 A. That's correct. 3 Q. By SEM/EDX, you cannot identify whether 4 there's a particle in a macrophage or in a cell; 5 correct? 6 MR. DEARING: Objection. Form. 7 A. It looks like the ones in the lymph node 8 are within the -- within a cell. 9 Q. Which electron image are you looking at? 10 A. Image 13. In this, Dr. McDonald writes 11 "spectrum" plus the number, whereas, if you don't 12 write "spectrum," you don't write over material that 13 you want to see. So you have to look at the SEM 14 image that we have, and that shows several particles 15 in there. It's the other group of images that we 16 always give you that has the locations with each 17 picture. 18 Q. How do you recall that those other images 19 show a particle in a macrophage or in a cell, I 20 should say? 21 A. Because the -- this has the word "spectrum" 22 in the wrong places so that I went back and looked 23 at it. 24 Q. You went back and looked at this image 25 separate from what we're looking at here?	1 the other picture -- 2 A. Yeah. 3 Q. -- that didn't have the writing on it? 4 A. I can see it here. 5 Q. You can see it here? 6 A. I can sort of see the outline of the cell, 7 but then the whole one edge of it is all obscured by 8 labels, so. 9 Q. Is the particle that you're showing the 10 spectrum for a talc particle or what you're calling 11 a talc particle? 12 A. Yes. 13 Q. In the Figure 4 "description" section, it 14 says that "The talc particles in Spectrum 9 had 15 small components of other cations." What does that 16 mean? 17 A. I think what we're pointing out is these 18 small percentages in red in the lower right 19 spectrum. And the material in red has error 20 associated with it because it's a very weak signal. 21 And sometimes you see that, and we generally ignore 22 it. Sometimes, it's actually coming from the 23 tissue, not the particle itself, so that, looking at 24 the magnesium-silicon ratio in there, it's what we 25 would expect with talc.

Page 75	Page 77

1 A. Yes.  
2 Q. And what did that image show?  
3 A. It showed particles within a cell there.  
4 Q. Did it show a particle that you  
5 characterized as talc in a cell?  
6 A. Well, it's the same image as what you see  
7 here, except it doesn't have any labels on it. And  
8 so as you look at it, it's clear. And we send you  
9 those. We send you images, and each of those images  
10 has the exact location of where it was on the block.  
11 But it's useful when the labeling obscures the  
12 particle.  
13 Q. How are you able to tell from that spectrum  
14 image that a particle is in a cell?  
15 A. You can see the outline of the cell. You  
16 can sort of see the outline of the cell here. You  
17 can see a lot of cells in that picture. Being a  
18 lymph node, you would expect a lot of cells.  
19 And you can see that there's a macrophage  
20 there, but you're just seeing part of it. Then  
21 there's a lot obscured of the lower edge of where  
22 the particles are. So that's why it's necessary to  
23 look at the other picture.  
24 Q. But what you're describing or what you just  
25 described for me was what you recall from looking at

1 Q. You may have answered this already but --  
2 A. We just mentioned the fact that there are  
3 these few other things in red.  
4 Q. You may have answered this already. But  
5 what are the other sources of those cations?  
6 A. The most likely source is the tissue. It  
7 could be another particle. Sometimes with the -- if  
8 you get a metal, it can be extraneous signals from  
9 the structure of the microscope even. There are  
10 lots of possible explanations for it. But the fact  
11 that the system shows it in red, it indicates that  
12 it's not something that needs to be considered.  
13 Q. With regard to Ms. Converse, she, like  
14 everyone else, would be exposed to some level of  
15 background amount of talc. It's just in the  
16 environment; correct?  
17 MR. DEARING: Objection. Form.  
18 A. It's possible that somebody can be exposed  
19 to what's in the environment.  
20 Q. With regard to Ms. Converse's use of a body  
21 talcum powder product -- whether it's a Johnson &  
22 Johnson product or otherwise -- do you have any  
23 information about the nature, duration, and extent  
24 of any use of a talc -- those type of talcum powder  
25 products by Ms. Converse?

1    A. No. 2    Q. With regard to other products that may have 3    talc in them -- such as soaps or douches or 4    cosmetics, those sorts of things -- do you have any 5    information about Ms. Converse's exposure over the 6    years to those types of products? 7    A. No. 8    Q. Have you done any research as to 9    Ms. Converse or otherwise as to the levels of 10   background talc exposure across the country? 11   A. No. 12   Q. You found four talc particles in 13   Ms. Converse's tissue; correct? 14   A. That's correct. 15   Q. You have found similar amounts in the 16   tissue of women who have reported no use of talcum 17   body powder in their lifetime; correct? 18        MR. DEARING: Objection. Form. 19   A. We haven't found four. We haven't found an 20   amount that -- where we have both the polarized 21   light and SEM confirmation of the finding of 22   particles. And remember, we're only looking at one 23   plane. And we extrapolate that the fact that we 24   have them in both the -- in two levels -- that it is 25   likely that there are many more levels that would	Page 78 1 -- so that, given all of that -- those findings, we 2 can say with a reasonable degree of medical 3 certainty that we've documented her exposure. 4   Q. In this case, you reported finding four 5 talc particles. In other cases, you report finding 6 much larger numbers of talc particles. You have 7 done that; correct? 8   A. That's correct. 9   Q. In all of those cases, it's your 10 understanding that each of the women had extensively 11 used talcum powder body powders in the perineal 12 area; correct? 13   A. That's correct. 14   Q. Do you have any opinion as to why you see 15 such different numbers in the -- from your analysis 16 of the patients as part of your work in the talc 17 litigation? 18   A. I think as we've now started to look at 19 more levels, we're generally seeing more particles. 20 And I think it just supports the concept of the fact 21 that, when we find it in two levels, it's most 22 likely in every level, even if it's a small number. 23 And when you take that -- those small numbers, you 24 end up with hundreds in a very small piece of 25 tissue.
Page 79 1 similarly show particles. 2    Q. In your one paper, you did have a control 3 population of women who did not report talcum powder 4 use. And in that one control group, you found talc 5 in two of the six patients' tissues; correct? 6    A. Yeah. 7    Q. Do you recall the number of talcum powder 8 particle -- the number of talc particles you found 9 as to those two patients? 10   A. I believe it was one in each. 11   Q. Is four talcum powder products (verbatim) 12 versus the one you found in each of those other two 13 patients enough for you to say that Ms. Converse's 14 case is different than what you would find in the 15 general population? 16        MR. DEARING: Objection form. 17   A. Yes. 18   Q. Why is that? 19   A. Because, again, although we can find some, 20 the fact that we find both birefringent particles 21 and talc particles -- and looking at the 22 birefringent particles where we have multiple 23 particles in relationship to the structure of the 24 cells, we have talc, then we have some that are 25 outside the 5 percent but still magnesium silicate	Page 81 1    Q. When did you start looking at multiple 2 levels of tissue? 3    A. We've been doing that the last two years or 4 so. 5    Q. With regard to the Converse case, you did 6 not do that? 7    A. No. 8    Q. With regard to the other cases that we've 9 talked about over the last two days, you did not do 10 the multilevel review? 11   A. No. No. 12   Q. There is no literature that correlates the 13 number of talc particles found in tissue with 14 ovarian cancer risk; correct? 15        MR. DEARING: Objection. Form. 16   A. That's correct. 17   Q. As to the four talc particles you found in 18 Ms. Converse's tissue, you cannot say when they came 19 to be in her tissue; correct? 20        MR. DEARING: Objection. Form. 21   A. They were in her tissue when she was alive. 22 But other than that, no. 23   Q. You cannot identify the source of the four 24 talcum powder or -- the four talc particles you 25 found in Ms. Converse's tissue; correct?

<p style="text-align: right;">Page 82</p> <p>1 A. No. We found talc.      2 Q. In particular, you cannot identify those      3 four talc particles as coming from a Johnson &amp;      4 Johnson product; correct?      5 A. That's correct. That would come from what      6 she used.      7 Q. Looking at page 4 of your report. You      8 identified a total of 255 particles from your      9 analysis; correct?      10 A. That's correct.      11 Q. You provided the spectrum and the images      12 for all of those particles; correct?      13 A. That's correct.      14 Q. As far as the breakdown of those particles,      15 you say that 35 had a variety of constituents      16 indicative of exogenous material, including nine      17 magnesium silicates, sometimes with other cations.      18 Do you see that?      19 A. Yes.      20 Q. You also note 26 other exogenous particles      21 which included various combinations of metals and/or      22 silicon and/or nonmetallic elements; correct?      23 A. That's correct.      24 Q. In looking at the images and spectrum you      25 provided, they show aluminum. They show titanium.</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. Your study methods -- I'm sorry.      2 Your methodology is to identify the      3 particles -- in particular, the talc particles --      4 and extrapolate that to what you anticipate would be      5 the total particles per gram of tissue based on what      6 Dr. Roggli did in one of his studies?      7 A. Yes.      8 Q. With regard to what you did in      9 Ms. Converse's case in terms of the SEM/EDS analysis      10 -- and, again, I said "what you did." This would      11 have been what Dr. McDonald did; correct?      12 A. Yes.      13 Q. Describe for me the process for removing      14 the tissue blocks from the container that they were      15 received in and then putting them in the SEM      16 machine, at least how it's supposed to work.      17 A. Received -- well, okay. If a block comes      18 to my office and it comes in some kind of container      19 that -- we then take it out. We -- what we then do      20 is we put it on the microtome, and we cut away what      21 was the surface.      22 That surface has been touched by many      23 people, including all those who signed the chain of      24 custody but, before that, many more as well. And so      25 we feel we have to take about 30 to 50 microns off</p>
<p style="text-align: right;">Page 83</p> <p>1 They show zinc. What are -- do you have any opinion      2 as to the sources of those materials in      3 Ms. Converse's tissue?      4 A. Usually, aluminum silicates are related to      5 sand. Zinc can be either a precipitate or a part of      6 the -- any number of materials that have zinc within      7 it as a common component. What was the other one?      8 Q. Titanium was the other one.      9 A. Titanium is, again, a common contaminant in      10 the air, in the -- on the skin.      11 Q. There's also a reference in at least one of      12 the images and spectrum to molybdenum, m-o-l-y --      13 A. Molybdenum.      14 Q. Molybdenum. What is that?      15 A. It's a metal, actually, in very many      16 products. So it's not unusual.      17 Q. What's an example of a product that that      18 metal is in, if you know?      19 A. Batteries.      20 Q. In Ms. Converse's case, you did not make an      21 attempt to identify the total number of particles      22 you found in her tissue; correct? In other words,      23 you didn't try to identify every particle in her      24 tissue; right?      25 A. That's correct.</p>	<p style="text-align: right;">Page 85</p> <p>1 that.      2 Q. How are you handling that?      3 A. Oh, it -- we use particle-free gloves on      4 pre-cleaned surfaces. Then it goes into a      5 microtome. We put a new blade in the microtome and      6 cut these sections.      7 Q. Where are you doing this? In what kind of      8 room or what kind of facility are you doing it? In      9 a clean room-type facility? What type are you      10 using?      11 A. It's in an area where there's limited dust      12 and in -- it's done on a table in the open. But the      13 air-conditioning system of this -- of the building      14 is filtered, and the filters are changed. We have      15 high-intensity filters. So there's a minimum of      16 dust and airborne contamination as this is cut.      17 Once it's cut, it's taken and put into a      18 closed container that's clean. It's a sterile petri      19 dish that we purchase. It's taken from the system      20 into that clean petri dish. The petri dish is      21 labeled. And then that goes to a -- the SEM labs.      22 Q. Do you use for each patient -- in      23 particular, in the case of Ms. Converse -- a control      24 block of tissue to try to determine if you're having      25 any contamination issue? And if not, do you ever do</p>

<p style="text-align: right;">Page 86</p> <p>1 that?</p> <p>2 A. We occasionally will do control blocks but</p> <p>3 not routinely.</p> <p>4 Q. What type of blocks did you say you</p> <p>5 occasionally use?</p> <p>6 A. For control blocks, we have lymph node</p> <p>7 blocks that were used in our study where we did the</p> <p>8 digestions of them. But we also have some blocks</p> <p>9 that we can use.</p> <p>10 Q. You describe that process in some of the</p> <p>11 papers you had published; correct?</p> <p>12 A. Yeah.</p> <p>13 Q. You describe that process in the materials</p> <p>14 we marked for Ms. Converse; correct?</p> <p>15 A. Yes.</p> <p>16 Q. Other than the papers that you have</p> <p>17 published and the reports that you have prepared,</p> <p>18 have you seen that same process described in any</p> <p>19 other publication or any other source?</p> <p>20 A. Well, this is a method that was first</p> <p>21 described by Thakral and Abraham. Jerry Abraham's a</p> <p>22 very good pathologist, microscopist and developed</p> <p>23 the idea that you can put a paraffin block in a</p> <p>24 scanning electron microscope and get very good data</p> <p>25 from it, so that -- this is an accepted approach.</p>	<p style="text-align: right;">Page 88</p> <p>1 what your opinion means in the Colleen Cadigan case.</p> <p>2 It's a deposition of October 21, 2019. I'll read</p> <p>3 the -- I'll hand it to you. And if you could read</p> <p>4 from 154, Line 17, to 155, Line 9.</p> <p>5 MR. DEARING: I'm just going to object</p> <p>6 to the form.</p> <p>7 MR. HEGARTY: Read it to yourself.</p> <p>8 MR. DEARING: Okay. Just read it.</p> <p>9 A. "You" --</p> <p>10 Q. You can just read it to yourself.</p> <p>11 MR. DEARING: Don't read it to -- out</p> <p>12 loud.</p> <p>13 Q. You can read it to yourself and tell me</p> <p>14 when you're done.</p> <p>15 A. That's --</p> <p>16 Q. Have you read that portion --</p> <p>17 A. Yes.</p> <p>18 Q. -- of your -- of the - of your testimony</p> <p>19 from the Cadigan case?</p> <p>20 A. Yes.</p> <p>21 Q. Is that still -- is that -- is your answer</p> <p>22 to those questions still consistent with how you</p> <p>23 will testify in this case?</p> <p>24 MR. DEARING: Objection. Form.</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. Are you aware of any study that has</p> <p>2 correlated the number of talcum powder products --</p> <p>3 let me start over again.</p> <p>4 Are you aware of any study that has</p> <p>5 correlated the number of talc particles found with</p> <p>6 the risk of developing clear-cell carcinoma?</p> <p>7 A. No. The studies that relate to clear-cell</p> <p>8 carcinoma are based on exposure. And, generally,</p> <p>9 clear-cell carcinoma is considered a variant of</p> <p>10 endometrioid carcinoma. So those patients with</p> <p>11 clear-cell are usually lumped into endometrioid</p> <p>12 carcinoma within epidemiologic studies.</p> <p>13 Q. Are you aware of any studies that</p> <p>14 correlated the number of talcum powder -- talc</p> <p>15 particles found in tissue to the risk of developing</p> <p>16 clear-cell carcinoma?</p> <p>17 A. No. No.</p> <p>18 Q. The -- if you would turn to the last</p> <p>19 paragraph of your report. Does it describe the same</p> <p>20 opinion that you will talk about with regard to your</p> <p>21 findings as it relates to Ms. Converse as you have</p> <p>22 given in prior cases?</p> <p>23 A. Yes.</p> <p>24 Q. In particular, I'm going to read for you an</p> <p>25 answer you gave to a question I asked with regard to</p>	<p style="text-align: right;">Page 89</p> <p>1 MR. HEGARTY: I believe I'm finished</p> <p>2 with the Converse case. Do you have any questions?</p> <p>3 MR. DEARING: I do.</p> <p>4 EXAMINATION</p> <p>5 BY MR. DEARING:</p> <p>6 Q. Doctor, we were looking at the</p> <p>7 photomicrographs from the polarized light images in</p> <p>8 your report.</p> <p>9 A. Yes.</p> <p>10 Q. Mr. Hegarty asked you a question about</p> <p>11 whether -- something like "Is this the only evidence</p> <p>12 you see of birefringent particles being sequestered</p> <p>13 on macrophage?" He didn't use those words.</p> <p>14 But the point is he asked whether this was</p> <p>15 the only evidence of macrophages taking up</p> <p>16 particles. My question to you is do you take more</p> <p>17 than one photomicrograph of the polarized light</p> <p>18 microscopy studies?</p> <p>19 MR. HEGARTY: Objection to the form.</p> <p>20 A. Yes.</p> <p>21 Q. And, in fact, can you estimate about how</p> <p>22 many polarized photographs you took or you typically</p> <p>23 take?</p> <p>24 A. I would say most of the time we're taking</p> <p>25 somewhere between 12 and 20.</p>

<p style="text-align: right;">Page 90</p> <p>1 Q. Okay. And, obviously, you don't put all 2 those in your report; right? 3 A. No. 4 Q. Is this image here just a representative 5 image that you chose? 6 A. Exactly. 7 Q. So could some of those other images, those 8 other photomicrographs, also contain photographs of 9 particles being taken up by macrophages? 10 MR. HEGARTY: Objection to form. 11 A. Yes. 12 Q. Okay. Also, you just described the 13 preparation of blocks before you study them by SEM. 14 Is what you testified to a few minutes ago an 15 abbreviated process? 16 In other words, is there more to it than 17 what you just said today? In other words, you 18 didn't mention the washing of the blocks, and, I 19 mean, it's a process. 20 A. Yeah. We -- once they've -- they get to 21 the SEM lab, again, they're taken out with -- using 22 particle-free gloves on a clean surface and 23 generally using distilled water, sometimes 24 additionally filtered distilled water. 25 They -- the blocks are soaked in that water</p>	<p style="text-align: right;">Page 92</p> <p>1 These are all parts of the process of doing the 2 studies that we do. 3 MR. DEARING: Thank you, Doctor. That's 4 all I have. 5 MR. HEGARTY: I have just a couple of 6 follow-up questions, Doctor. 7 EXAMINATION 8 BY MR. HEGARTY: 9 Q. With regard to the finding of a 10 birefringent particle in a macrophage, you cannot 11 say that that particle was talc; correct? 12 A. If it's birefringent, it's a birefringent 13 particle. 14 Q. A macrophage would pick up any birefringent 15 particle, regardless of what it is; correct? 16 A. It would pick up all particles that are 17 there when the tissue is inside you. 18 Q. With regard to what you're finding in 19 patients, can a prior C-section introduce talc to 20 the reproductive tract that you're seeing as part of 21 your analysis? 22 A. Generally, surgeons' gloves are particle 23 free and talc free so that in the last 30, 40 years, 24 it would be unlikely that it would. In fact, 25 there's been a dramatic decrease in finding foreign-</p>
<p style="text-align: right;">Page 91</p> <p>1 for a short time. What this is intended to do is to 2 reduce the number of particles that are close enough 3 to the surface that can easily dissolve, like sodium 4 chloride, which, as I explained earlier, can be 5 found in the tissue as a precipitate. And so if we 6 can reduce those, it saves us time by removing 7 extraneous particle or precipitate that we don't 8 have to study. 9 So we routinely do that washing step before 10 the particles that are -- the blocks that go into 11 the scanning electron microscope. 12 Q. So, generally, what is the reason that you 13 go through all these preliminary steps before you 14 put the block into the scanning electron microscope? 15 A. Well, we know that pathology departments 16 typically and very commonly -- although, more and 17 more, they're starting to use particle-free gloves. 18 But for many years, almost every pathology 19 department just used boxes of 100 gloves that had a 20 lot of particles on them and a lot of talc so that, 21 if you sometimes look carefully at a block or a 22 slide, you can see that contamination around the 23 outside. So we avoid that contamination. We avoid 24 block -- another reason not to choose a block is 25 that it, in fact, shows obvious contamination.</p>	<p style="text-align: right;">Page 93</p> <p>1 body granuloma following surgery because surgeons' 2 gloves are typically free of talc and other 3 materials. 4 Q. You gave a pretty wide range, 30 to 40 5 years. What is your understanding as to when 6 surgeons went to talc, slash, particle-free gloves? 7 When did that happen? 8 A. Oh, it was a long time ago. 9 Q. Prior to -- 10 A. I don't recall the exact time. 11 Q. Prior to when doctors, surgeons went to 12 particle-free or talc-free gloves, could talc or 13 other particles be introduced to the reproductive 14 cavity via a C-section? 15 A. They might end up in lymph nodes but 16 unlikely to be introduced into the uterine cavity. 17 But it's possible they would be externally in the 18 abdomen. 19 Q. Same question as to a tubal ligation? 20 A. Most tubal ligations are done very simply 21 and not an open surgical procedure. So it would be 22 very unlikely. 23 MR. HEGARTY: Okay. Let's go ahead and 24 take -- off the record. 25 MR. DEARING: I need one more follow-up.</p>

1 I'm sorry. 2 EXAMINATION 3 BY MR. DEARING: 4 Q. Doctor, I can't remember if you testified 5 about this already, but I asked you about the 6 photomicrographs from the polarized light studies. 7 Let me ask you the same question about your SEM 8 studies. 9 The images that you included in your 10 report, is that just one of many images or two of 11 many images that you took under the scanning 12 electron microscope? 13 A. Yeah. That's representative. And in this 14 case, we have -- there are four to choose from. In 15 the Gallardo case, there were 200 to choose from. 16 Q. Right. 17 A. It's just a matter of choosing 18 representative. 19 Q. Of course, you provided all of those 20 photomicrographs to the defense; correct? 21 A. Yes. 22 Q. Could some of those other photomicrographs 23 that are not included in your report also include 24 images of talc particles being taken up by 25 macrophages?	Page 94	1 MR. HEGARTY: We are back on the record. 2 Before I move on to the next case, I wanted to 3 circle back and ask you about one of the SEM images 4 and spectrum we received in the Converse case. 5 (Image 20 with corresponding spectrum 6 for 41, 42, and 43, Exhibit 43, marked) 7 Q. I'm marking as Exhibit 43 Image 20 with the 8 corresponding spectrum for 41 and 42 and 43. 9 Looking at particle -- the image, that long thing on 10 there, do you know what that is that you marked as 11 Spectrums 41 and 42, 43 -- I should say 41 and 42, 12 it looks like. 13 A. It's probably some sort of organic fiber 14 because it's -- basically, the signal is all carbon 15 with a very small spattering of other ions that have 16 -- and in 41 and -- 17 Q. Where are you seeing the carbon in 41? I 18 see oxygen, sulfur, sodium, and chlorine. 19 A. That big peak all the way up to the top. 20 Q. I see. Okay. 21 A. And so, yeah, the carbon is off the charts. 22 And then all of these are very small. And so 23 they're either coming from this -- like, at 41, 42, 24 they're -- looks like there's some material stuck to 25 the fiber. And, probably, that's where a lot of
1 MR. HEGARTY: Objection to form. 2 A. Yes. 3 MR. DEARING: Okay. 4 EXAMINATION 5 BY MR. HEGARTY: 6 Q. Sitting here today, can you identify in 7 Ms. Converse's case any SEM images, any 8 photomicrographs of talc particles being taken up by 9 a macrophage? 10 A. Yes. We were just talking about one. 11 Q. That's what you previously said as to 12 what's shown in Figure 4? 13 A. Yeah. Electron Image 13. I would 14 interpret that as a macrophage where there's 15 particles within it. 16 Q. You don't make a reference to that finding 17 anywhere in your report; correct? 18 MR. DEARING: Objection. Asked and 19 answered. 20 A. We use the term "in the same plane of focus 21 as the tissue." We didn't say that it was 22 specifically a macrophage. 23 MR. HEGARTY: Thank you. Let's go ahead 24 and take a break. Off the record. 25 (A break was taken)	Page 95	1 these signals are coming from, both in 41 and in the 2 42 area. But the basic thing is some sort of 3 carbonaceous fiber. 4 Q. How can that be generated in the body? 5 What's the process? 6 A. This actually looks like it's on top. 7 Yeah. Everything we look at -- if you look at 43 8 next to it, you can see how that's -- that seems to 9 be closer with the tissue morphology, whereas this 10 is really standing out. 11 Q. So does this appear to be -- that is, the 12 elongated particle -- something that is on top of 13 the tissue? 14 A. My guess is that it is because that's very 15 clear. And as you look at the tissue structure, 16 it's not as clean. The other thing is that in this 17 area, for whatever reason, it doesn't look like the 18 histology knife cut the tissue very well. 19 Q. Why do you say that? 20 A. It's kind of fragmented in a lot of places. 21 So that could -- that could even be rolled-up 22 paraffin because it's basically a carbonaceous 23 material. 24 Q. I want to now talk about your review and 25 analysis of Ms. Rausa's case. I want to begin by

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 looking at the summary analysis.      2 MR. HEGARTY: I'm going to mark as      3 Exhibit No. 44 the analysis summary for Ms.      4 Pasqualina Rausa.      5 (Analysis summary for Rausa case,      6 Exhibit 44, marked)      7 Q. Is Exhibit 44 the analysis summary for      8 Ms. Rausa?      9 A. Yes.      10 Q. Was this analysis summary prepared by      11 Dr. Fan?      12 A. Yes.      13 Q. I say "doctor." Is he a Ph.D.?      14 A. Yes.      15 Q. Was this analysis summary completed and the      16 document prepared on February 13, 2021?      17 A. Yes.      18 Q. If you look at the next few pages, does it      19 describe the analysis process? And if so, is it the      20 same as your folks have been doing in all the other      21 cases where you have testified?      22 A. Yes.      23 Q. Was anything different done in Ms. Rausa's      24 case than had been done in previous cases where      25 you've been designated as an expert and testified</p>	<p style="text-align: right;">Page 100</p> <p>1 specific particle counts in three of the blocks:      2 12B, 12C, and 17B. And then he appears to have      3 combined all the other blocks in the heading "all      4 other blocks."      5 A. Yes.      6 Q. If we go one page back, though, we find      7 that page -- "summary of blocks" -- where the      8 analysis reports finding two talc particles; is that      9 correct?      10 A. I'm sorry?      11 Q. If we go one page forward to the "summary      12 of blocks" page, it reports finding a total of two      13 talc particles in Ms. Rausa's tissue; correct?      14 A. That's correct.      15 Q. Looking over the next several pages as we      16 -- as you go into the document, are these pages      17 showing the images and spectrum of the particles      18 that you were calling talc?      19 A. Yes.      20 Q. It also shows the searched areas on the      21 tissue blocks, including a yellow dot where the      22 location -- where was the approximate location of      23 the particle positive for talc.      24 A. That's correct.      25 Q. With regard to Ms. Rausa, you identified no</p>
<p style="text-align: right;">Page 99</p> <p>1 with regard to particles in tissue?      2 A. No.      3 Q. If we look at the second page of the sample      4 -- I'm sorry -- of the analysis summary, the first      5 bullet point identifies the seven paraffin blocks      6 that were received; is that correct?      7 A. Yes.      8 Q. Those are L18, dash, 2837; 12B; 12C; 13;      9 11A; 17B; 7B; and 8B. Right?      10 A. Yes.      11 Q. Is it your understanding that all the      12 blocks that you requested were received?      13 A. I believe so.      14 Q. Please move ahead in the summary analysis      15 to the page that has the "summary of analyzed      16 particles" heading. The other page, Dr. Godleski.      17 That one.      18 In the section of all blocks combined, it      19 shows a number. The number of external metals found      20 is 13; is that correct?      21 A. Yes.      22 Q. It shows the number of external mineral      23 particles found of 140; right?      24 A. Yeah.      25 Q. What Dr. Fan has done here is list the</p>	<p style="text-align: right;">Page 101</p> <p>1 asbestos, including no asbestos fibers; correct?      2 A. That's correct.      3 Q. That includes no tremolite; right?      4 A. Right.      5 Q. You also identified no talc fibers;      6 correct?      7 A. That's correct.      8 Q. Let's next mark as the materials we      9 received for this case the invoice.      10 MR. HEGARTY: We're going to mark the      11 invoice we received as Exhibit 45.      12 (Invoice for Rausa case, Exhibit 45,      13 marked)      14 Q. Is Exhibit 45, Dr. Godleski, your invoice      15 for the Rausa case?      16 A. That's correct.      17 Q. Have you done any additional work on the      18 Rausa case that's not shown in this invoice other      19 than any preparation work you did for this      20 deposition?      21 A. Again, sending in materials. But other      22 than that, no.      23 Q. Does it appear in this one, though, at      24 entry March 18, 2021, that you did include a      25 reference to returning the slides and blocks?</p>

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1 A. Yes. I see that. 2 Q. So is there any other time you've invoiced 3 or you've spent on the Rausa case other than 4 preparing for this deposition? 5 A. No. Because sending in the materials or 6 placing them in Dropbox for this deposition, that 7 was done back in 2021 or whenever we were previously 8 going to do this deposition. There was probably 9 some work there but not much. 10 Q. And the total amount shown, is that an 11 amount you've been paid? 12 A. Yes. 13 Q. And as you have told us recently, since you 14 created your PLLC, that's where payments are 15 directed to? 16 A. Yes. 17 Q. The next exhibit I'm going to mark for the 18 Rausa case is the pathology report you provided. 19 (Pathology report for Rausa case, 20 Exhibit 46, marked) 21 Q. I've marked as Exhibit No. 46 the pathology 22 report you were provided for Ms. Rausa. Is 23 Exhibit 46 the pathology report you reviewed for her 24 case? 25 A. That's correct.	1 the bottom right-hand corner. Do you know if you 2 had requested a separate document or if this was a 3 document you actually did receive from the pathology 4 department? 5 A. I'm sure this came from the pathology 6 department. 7 MR. HEGARTY: The next document I'm 8 going to mark is the particle count document. Off 9 the record for a second. 10 (Off record discussion) 11 MR. HEGARTY: Back on the record. The 12 next document I'm going to mark, which is going to 13 be Exhibit 48, is the handwritten particle count 14 document we were provided for the Rausa case. 15 (Handwritten notes for Rausa case, 16 Exhibit 48, marked) 17 Q. Is Exhibit 48 the handwritten document from 18 your office identifying the slides with and without 19 birefringent particles? 20 A. Yes. 21 Q. Is this in Dr. McDonald's handwriting? 22 A. Yes. 23 Q. This identifies on the left-hand side the 24 slides where birefringent particles were identified, 25 and the slides on the -- the columns on the right
Page 103	Page 105
1 Q. Did you receive the pathology report from 2 the institution that provided the blocks and slides? 3 A. I'm sure I did. 4 Q. Did you ask for any additional material 5 either from counsel for Ms. Rausa or from the 6 pathology laboratory? 7 A. No. 8 Q. The next document I'm going to mark is the 9 handwritten notes we've been provided. Before I go 10 there, let me note -- direct you to another document 11 that we were provided by you, Dr. Godleski. 12 MR. HEGARTY: I'll go ahead and mark it 13 as our next exhibit, which would be Exhibit 47. 14 (Second pathology report for Rausa case, 15 Exhibit 47, marked) 16 Q. So I've marked as Exhibit No. 47 another 17 pathology-related document that you also provided to 18 us in this case. Assuming that this was in the 19 Dropbox, this would have been another pathology 20 document you would have reviewed for the Rausa case? 21 A. Yes. 22 Q. This would have been another document you 23 received with the slides and the blocks? 24 A. I would think so, yes. 25 Q. This document does have a Bates number in	1 are the slides without birefringent particles; 2 correct? 3 A. That's correct. 4 Q. Did Dr. McDonald or anyone else document 5 the number of particles that were visualized by PLM? 6 A. No. 7 Q. Would the only documentation of the number 8 of particles or the counts of particles by PLM be 9 this handwritten document and the PLM images you 10 provided? 11 A. That's correct. 12 Q. The bottom of page 48 has language 13 recommending blocks for further study. And those 14 blocks are 7B, 8D, 8F, 11A, 12B, 12C, 13, and 17B; 15 is that correct? 16 A. That's correct. 17 Q. Dr. McDonald would have been the one that 18 made that recommendation? 18 A. Yes. That was her recommendation, and I'd 20 have to look at the request to see if I changed it. 21 Q. Related to that, did you look over the work 22 that Dr. McDonald did as reflected in Exhibit 48? 23 A. I'm sure I did. 24 Q. Is that because you do that in every case? 25 A. Yes.

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<p style="text-align: right;">Page 106</p> <p>1 Q. And when you say you look over --      2 A. And I wrote the block request.      3 Q. When you say you look over the work,      4 describe for me how it works in a situation like      5 this where Dr. McDonald first reviews the slides by      6 PLM and creates this document. Tell me what you do      7 when you -- when she's finished doing that.      8 A. When the -- Dr. McDonald doesn't come to my      9 office every day to work. So often, the slides will      10 come in. And I'll look at the report and look at a      11 few of the slides. Then I give the whole case to      12 her, and she goes through it.      13 She brings the case back into the office.      14 We sit together. We'll look at the pertinent slides      15 through the microscope. Usually, it's those that      16 she's recommending or -- and sometimes, I'll ask to      17 see others. But I'll -- in every case, I'll look at      18 at least the ones she's recommending -- and more      19 often, more than that -- and I've already looked at      20 some.      21 Then as we go through this and discuss the      22 case and the findings and look at the photomics that      23 she's taken, then the block request is written up.      24 Q. As part of this process, when you have a      25 case like the Rausa case where you're looking at</p>	<p style="text-align: right;">Page 108</p> <p>1 Q. With regard to 12C, can you look at the      2 pathology report and see what that is in reference      3 to?      4 A. It's a left external iliac lymph node.      5 Q. So does this exhibit, Exhibit 48, indicate      6 that the slide for that block was not reviewed?      7 A. Well, since we asked for it, my guess is it      8 should have been in the slides with birefringent      9 particle count on the list.      10 Q. Generally -- and specifically, if you can      11 recall in Ms. Rausa's case -- why were this listing      12 of tissue blocks requested? In other words, why      13 were these eight tissue blocks requested after      14 review of Ms. Rausa's slides?      15 A. Well, No. 7 is left ovary. No. 8 is right      16 ovary. No. 11 is uterus and cervix. 12 are lymph      17 nodes. Looks like 13 is right lymph node, and 17B      18 is a left paraaortic lymph node.      19 Q. Are you able to tell based on this document      20 or your memory whether those blocks were selected      21 because of the tissue, or was it because of the      22 number of birefringent particles or both?      23 A. Again, probably both because it's, you      24 know, the cervix, the ovaries, and lymph nodes,      25 which are places where we see birefringent particles</p>
<p style="text-align: right;">Page 107</p> <p>1 perhaps -- or you receive perhaps 50 slides, are you      2 reviewing, again, typically, all 50 slides that      3 Dr. McDonald reviewed?      4 A. Not necessarily. Sometimes but sometimes      5 not.      6 Q. When it's sometimes not, what are you      7 looking at?      8 A. Well, for example, as in this case, there's      9 a lot of bowel resection of metastatic tumor or      10 bowel resections where tumor was suspected but it      11 wasn't present. I wouldn't look at those,      12 necessarily. But generally, I'll look at the tumor,      13 the ovarian findings, and then the polarized light      14 findings.      15 Q. Perhaps I'm missing something,      16 Dr. Godleski. In the "recommended blocks for      17 further studies" section, it includes 12C. Do you      18 see a 12C in either column of slides, with      19 birefringent particles or slides without      20 birefringent particles?      21 A. There's 12A, 12B. No, I don't see it.      22 Q. Do you know where or -- where either      23 Dr. McDonald or you or otherwise how 12C is listed      24 in the block request?      25 A. Yeah. I'm really not sure.</p>	<p style="text-align: right;">Page 109</p> <p>1 and places where we will usually find the talc.      2 MR. HEGARTY: I'm going to mark next a      3 copy of an e-mail we received as part of the      4 production in this case. That e-mail is in      5 connection with requesting the blocks for the Rausa      6 case. I'll mark that e-mail as Exhibit 49.      7 (December 8, 2020 e-mail, Exhibit 49,      8 marked)      9 Q. Please look at this e-mail, and tell us      10 what it is.      11 A. This is our request to Beasley Allen for      12 the blocks and also points out that there was a      13 discrepancy in slides versus blocks. We received      14 slides from Blocks 7C and 12C. Oh, that's why no      15 12C.      16 Q. That's why I wanted you to comment on that      17 versus the handwritten document.      18 A. Okay. So 12C wasn't received. So we got      19 the blocks just to be able to look at it. And we      20 didn't make slides from it, but we did look at the      21 block.      22 Q. Your interpretation between Exhibits 48 and      23 49 is that 12C was added to the recommended blocks      24 requested because you didn't get a slide for it.      25 A. Because I didn't get a slide.</p>

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<p>Page 110</p> <p>1 Q. You also did not get a slide from 7C. Why 2 didn't you request 7C block?</p> <p>3 A. Because we already had several blocks from 4 -- or that we were asking for blocks from 7. And we 5 didn't think it would add more.</p> <p>6 Q. At the bottom of your e-mail which is dated 7 December 8, 2020, you write "Critical blocks are 7B, 8 8B, 12B, and 13." Do you see where I'm reading?</p> <p>9 A. Yes.</p> <p>10 Q. Why did you determine those were the 11 critical blocks for Ms. Rausa's case?</p> <p>12 A. Again, if the hospital is resistant in 13 providing blocks, these are the blocks we'd most 14 like to have. And if it comes to a negotiation, 15 these are the ones to negotiate for as the minimum 16 amount of material we would get in this case.</p> <p>17 Q. Why in Ms. Rausa's case did you want those 18 four blocks?</p> <p>19 A. Again, these probably had the most 20 birefringent particles and were -- I would think 21 that's the reason.</p> <p>22 Q. What tissues do those four blocks come 23 from?</p> <p>24 A. Again, it's left ovary, right ovary, and 25 two different sets of lymph nodes.</p>	<p>Page 112</p> <p>1 where metastases can be found. So that's why 2 they're taken.</p> <p>3 Q. In Ms. Rausa's case, they also took the 4 right and left paraaortic lymph nodes. Where are 5 those located?</p> <p>6 A. The paraaortic lymph nodes are, you know, 7 just beyond where the iliac arteries come up to form 8 the aorta.</p> <p>9 And it's interesting that often, those 10 aortic lymph nodes are considered the highest lymph 11 node as far as draining the pelvis so that the 12 ultimate drainage gets to there. So that is a place 13 where metastases might be found -- would be those 14 lymph nodes. And, also, we frequently find talc 15 there.</p> <p>16 Q. Are there other organs that drain to the 17 paraaortic lymph nodes besides those in the 18 reproductive tract?</p> <p>19 A. To some extent, the whole lower end of the 20 body does. But it's really the highest node for the 21 organs of the pelvis, as far as a drainage for it.</p> <p>22 Q. With regard to the review of the particles 23 in Ms. Rausa's tissue by PLM, the only recording -- 24 I'm not sure if I asked this. The only recording of 25 that would be in the handwritten note -- I guess I</p>
<p>Page 111</p> <p>1 Q. What are the 12 and 13 lymph nodes?</p> <p>2 A. The 12 lymph nodes are the left external 3 iliac, and the 13 are the right external iliac.</p> <p>4 Q. Where are those two lymph nodes located in 5 the body?</p> <p>6 A. On the left -- right and left side of the 7 pelvis.</p> <p>8 Q. And to what lymph node do -- to where do 9 they drain?</p> <p>10 A. Where --</p> <p>11 MR. DEARING: Object to form.</p> <p>12 A. You mean what drains to them?</p> <p>13 Q. Yes. Turn my question around. What parts 14 of the body drain to them?</p> <p>15 A. The -- some of the organs of the pelvis. 16 And, also, they're connected to the lower legs as 17 well.</p> <p>18 Q. What organs in the pelvis?</p> <p>19 A. Well, in the female, it would be the right- 20 side ovary tube and uterus, and on the other side it 21 would be the same. Lymph node distributions are 22 very variable. And why a surgeon takes lymph nodes, 23 sometimes it's they can see them; or sometimes 24 they're really trying to assess the patterns of 25 metastasis. And so -- and the iliacs are a place</p>	<p>Page 113</p> <p>1 asked that already. Strike that question. Starting 2 to forget what I covered in other cases.</p> <p>3 In Ms. Rausa's case, did you attempt to 4 correlate the number of particles you found by PLM 5 to what you found by SEM, as you've done in one of 6 your papers?</p> <p>7 A. No.</p> <p>8 Q. With regard to the particles that were 9 located and noted in Exhibit 48, you identified 10 those as birefringent particles; correct?</p> <p>11 A. Yes.</p> <p>12 Q. You didn't and can't identify via PLM what 13 those birefringent particles are; correct?</p> <p>14 A. We just call them birefringent particles.</p> <p>15 MR. HEGARTY: I want to mark next the 16 invoice for this case. I'm sorry. I marked it 17 already. I want to mark next the chain of custody 18 documents that we received for this case. We're on 19 50.</p> <p>20 (Chain of custody documents for Rausa 21 case, Exhibit 50, marked)</p> <p>22 Q. I've marked as Exhibit No. 50 the chain of 23 custody documents we were provided in this case. 24 Please look at the first page of Exhibit 50, Doctor.</p> <p>25 At the top -- which has a date of November</p>

<p>Page 114</p> <p>1 13, 2020 -- it shows a releasing party of St. 2 Vincent's Medical Center in Jacksonville, Florida. 3 Do you see where I'm reading from? 4 A. Yes. 5 Q. At the top of that chain of custody 6 document, there's a -- what appears to be a 7 reference to a litigation number and a date of July 8 27, 2017. 9 Do you know where St. Vincent's Hospital, 10 if this is -- St. Vincent's Medical Center, if this 11 is their document, where they got this chain of 12 custody form from? 13 A. No. 14 Q. This part of the chain of custody document 15 notes that St. Vincent's Hospital is sending out for 16 patient L182837 46 recut slides and one recut slide 17 for LN18, dash, 285. Do you see that? 18 A. Yes. 19 Q. What is the LN18, dash, 285 slide? 20 A. I suspect it's probably a washing, similar 21 to the other cases we had. 22 Q. You're looking at the pathology report to 23 tell? 24 A. I'm looking in the pathology report. Yeah. 25 It's a cytology report on -- it's ascites fluid.</p>	<p>Page 116</p> <p>1 staining. 2 Q. Do you know why in Ms. Rausa's case they 3 sent you recuts versus the original slides? 4 A. Recuts are acceptable to us. And more 5 often than not, that's what's done in medical-legal 6 cases. 7 MR. DEARING: I can tell you why. They 8 wouldn't send them. 9 THE WITNESS: Okay. 10 MR. DEARING: That is a Beasley Allen 11 case. I know what happened here. 12 Q. Okay. If you look at the next part of this 13 chain of custody form, which is the recipient 14 information, you can see that it's blank; correct? 15 A. That's correct. 16 Q. And if you turn to the next page -- next 17 three pages, this appears to be chain of custody 18 documents that came from your office; is that 19 correct? 20 A. I wouldn't be surprised if these get -- 21 these came from somewhere other than our office 22 because they seem to have the patient's name and the 23 medical center typed in. And if they came from our 24 office, it usually would not have that information 25 on them. That would be handwritten on it.</p>
<p>Page 115</p> <p>1 And it was positive for malignancy. So that -- this 2 was fluid that accumulated in the abdomen. A needle 3 was put in and drawn -- some was drawn off, sent to 4 cytology for assessment. 5 Probably they -- there was -- yes. They 6 say they made smears of this; that is, they put the 7 cells on a slide and stained those. And then they 8 also centrifuged the fluid and made a block of cells 9 that was embedded in paraffin. That's what we got 10 as the one slide. 11 Q. As to the recut slides you received, were 12 those stained slides? 13 A. Yes. 14 Q. How can you tell that -- how can you tell 15 that the slides were stained from the chain of 16 custody form? 17 A. Can't. 18 Q. It is possible for them to send you 19 unstained slides? 20 A. It is. Usually, we say we don't want the 21 unstained slides. We don't have the capacity to 22 stain them or would have to take them into the 23 hospital where I was on staff. And usually, the 24 histology lab is happy to do it for me. But 25 generally, we prefer to let the hospital do the</p>	<p>Page 117</p> <p>1 Q. You did receive the slides for the Rausa 2 case; correct? 3 A. Yes. And that's what this shows. This is, 4 again, Dr. McDonald's writing of filling this in. 5 Q. Why did the -- is the recipient location -- 6 recipient information in Entry No. 1 on the first 7 page of Exhibit 50 not filled in? 8 A. I don't know. But for whatever reason, she 9 filled out these forms. 10 Q. Have you seen any other -- let me back up. 11 Do you recall in preparing for this case 12 seeing any other chain of custody documents for the 13 Rausa case besides what we're looking at in 14 Exhibit 50? 15 A. No. 16 Q. Does -- do the pages that follow the first 17 page on Exhibit 50 identify when the slides were 18 received, who received them, the time of receipt, 19 that sort of information? 20 A. Yeah. That's on the third page after the 21 two that list all the slides. 22 Q. It would be the fourth page; right? 23 A. The fourth page. The date is 11/16/20, and 24 just it was received by Dr. McDonald. 25 Q. The date you reference -- 11/16/20 -- is</p>

30 (Pages 114 - 117)

Page 118	Page 120
<p>1 what you interpret as being the date they were 2 received; correct?</p> <p>3 A. Yes.</p> <p>4 Q. Sitting here today, you don't know why 5 Dr. McDonald filled the last page out but didn't 6 fill out the first page?</p> <p>7 A. No.</p> <p>8 Q. There was no witness to Dr. McDonald's 9 receipt as shown on the fourth page of Exhibit 50; 10 correct?</p> <p>11 A. That's correct.</p> <p>12 Q. Then if we go and look back at the middle 13 two pages, pages 2 and 3 of Exhibit 50, is the 14 handwriting on those two pages Dr. McDonald's?</p> <p>15 A. Yes. I think so.</p> <p>16 Q. Can you tell what she's doing here on these 17 two pages?</p> <p>18 A. Just listing the slides received.</p> <p>19 Q. Is she listing at the right the tissue that 20 the slides correspond to?</p> <p>21 A. Yes.</p> <p>22 Q. You mentioned just a short time ago that 23 this type of form did not appear familiar to you 24 because it's got the plaintiff name typed in, the 25 facility typed in. Is that what you told me a short</p>	<p>1 copy, which doesn't appear to correspond with your 2 copy, also has a release date on it. Did I not get 3 -- off the record.</p> <p>4 (Off record discussion)</p> <p>5 MR. HEGARTY: Back on the record. I 6 sort of stopped in the middle of a question. I have 7 a copy that I wrote on that has a "released by" 8 entry on page 4, which -- I'll designate a clean 9 copy of that as Exhibit 51.</p> <p>10 Q. For purposes of today's deposition, I'll 11 hand that to you, Doctor. Does that appear to be a 12 "released by" entry that you made?</p> <p>13 A. Yes.</p> <p>14 Q. What was the date of it?</p> <p>15 A. 3/4/2021.</p> <p>16 Q. Is that your handwriting?</p> <p>17 A. Yes.</p> <p>18 Q. Does that show that you released this 19 material?</p> <p>20 A. Yes.</p> <p>21 Q. When you released it, you would have sent 22 the slides and the chain of custody form?</p> <p>23 A. Yes.</p> <p>24 Q. Thank you. We'll look at the next 25 document, which is the cover letter that appears to</p>
Page 119	Page 121
<p>1 time ago?</p> <p>2 A. Well, that's why I don't think it 3 originated from our office, that it probably came 4 with the materials as blanks.</p> <p>5 Q. So your interpretation of pages 2 and 3 is 6 that this was something that St. Vincent's sent, but 7 they didn't fill it out?</p> <p>8 A. Right.</p> <p>9 Q. In looking at pages 2 and 3, do they appear 10 to list the slides, with the last one being a 11 cytology or ascitic fluid slide?</p> <p>12 A. Yes.</p> <p>13 Q. Does that correspond with -- to the first 14 page we looked at with 46 recut slides, then one 15 recut slide that went with LN, dash, 18, dash, 285?</p> <p>16 A. That's correct.</p> <p>17 Q. Then if we turn to the last page, there's a 18 release entry with your name and other information. 19 Is that your handwriting?</p> <p>20 A. Not in the copy that I have.</p> <p>21 Q. Your copy, do you have another -- one more 22 page?</p> <p>23 MR. DEARING: We have a picture of the 24 slides.</p> <p>25 MR. HEGARTY: Picture of the slides. My</p>	<p>1 correspond with the released page we just looked at 2 in Exhibit 51.</p> <p>3 (March 4, 2021 letter, Exhibit 52, 4 marked)</p> <p>5 Q. It is a March 4, 2021 letter from you to 6 Jana Azpell with the entry line being "Enclosed are 7 the following pathology slides and chain of custody 8 pertaining to the above-referenced plaintiff." Then 9 what's listed there is a column on pages 1 and 2 of 10 the slides; is that correct?</p> <p>11 A. Yes.</p> <p>12 Q. Is that your signature at the end?</p> <p>13 A. Yes.</p> <p>14 Q. Again, this is Exhibit No. 52.</p> <p>15 A. Yes.</p> <p>16 Q. The next document I'm going to mark as 17 Exhibit 53. It's another letter of you sending out 18 the pathology blocks and chain of custody in the 19 Rausa case.</p> <p>20 (August 23, 2021 letter, Exhibit 53, 21 marked)</p> <p>22 MR. DEARING: Did I miss an exhibit?</p> <p>23 Last one was --</p> <p>24 MR. HEGARTY: I designated 51 as the 25 exhibit I wrote on that we'll have to substitute.</p>

1        MR. DEARING: This is 52? 2        MR. HEGARTY: This is 53. 3        MR. DEARING: 51 is the designated 4 exhibit. What was 50? 5        MR. HEGARTY: Chain of custody form, the 6 one I worked through. 7        MR. DEARING: Thought that was 49. 8        Q. Exhibit 53 is an August 23, 2021 letter 9 from you to Jana Azpell. You're noting that you're 10 enclosing the following pathology blocks and chain 11 of custody pertaining to the above-referenced 12 plaintiff. There are then eight columns of 13 pathology blocks referenced in Exhibit 53; is that 14 correct? 15      A. Yes. 16      Q. What we don't appear to have is a chain of 17 custody form for your receipt of and then sending 18 out of the pathology blocks. And I should say -- I 19 should back up. 20      What we don't have is -- let me start over 21 again. 22      What we don't appear to have is a self- 23 standing chain of custody form for the pathology 24 blocks showing the sending party, showing the 25 receiving party, then showing that receiving party	Page 122	1 with a cover letter; right? 2      A. Yes. 3      Q. Next I want to mark your expert report for 4 Ms. Rausa's case. 5        MR. HEGARTY: And I'll mark that as 6 Exhibit 54. 7        (June 21, 2021 expert report for Rausa 8 case, Exhibit 54, marked) 9        Q. Is Exhibit 54 your June 21, 2021 expert 10 report for Ms. Rausa? 11      A. Yes. 12      Q. With what we've marked for Ms. Rausa's 13 case, does this appear to be -- aside from the 14 images you provided in the Dropbox -- everything 15 that you generated in connection with your work on 16 the Rausa case? 17      A. Yes. 18      Q. With regard to Ms. Rausa, do you know what 19 her current status is? 20      A. No. 21      Q. What type of ovarian cancer did Ms. Rausa 22 have? 23      A. She had high-grade serous. 24      Q. With regard to your report, over on page 6 25 it has your signature on it; correct?	Page 124
1 sending it out again. Do you recall seeing in the 2 Rausa case a chain of custody form for the pathology 3 blocks? 4      A. No. And they would have gone to you, maybe 5 the forms with them. But I -- 6      Q. Generally, you keep a copy? 7      A. I usually keep a copy, but I don't recall 8 seeing it. 9      Q. Would you mind looking in your files for 10 the Rausa case and let us know if you can locate a 11 chain of custody form for the blocks, assuming 12 that's okay with counsel for Ms. Rausa? 13      A. Okay. 14      Q. You recall us looking at an e-mail where 15 you were making the request to Mr. Dearing for those 16 blocks; correct? 17      A. Right. And we obviously received them 18 because we did -- 19      Q. Right. You obviously received them. But 20 what we don't appear to have is the chain of custody 21 of your receipt -- of whoever sent those to you and 22 then your receipt of those. 23      We do have a letter of you sending them 24 out. But generally, there would also be another 25 form that you would fill in for sending them out	Page 123	1      A. Yes. 2      Q. Did anyone assist you in the preparation of 3 your report in the Rausa case? 4      A. Dr. McDonald, Dr. Fan possibly. 5      Q. And when Dr. McDonald or Dr. Fan assists 6 you in a case like this, does their time also get 7 reported in your invoice that you send out? 8      A. Yes. 9      Q. Does it get reported separately? 10     A. Sometimes it is. Sometimes it isn't. 11     Q. If we look at Exhibit 45, which is your 12 invoice for the Rausa case, there's no breakdown by 13 person who did the work. Is that typically how you 14 prepare the invoice? 15     A. Yeah. 16     Q. Is there any way of looking at the invoice 17 that you can determine who did what work that's 18 referenced on it besides, I guess, the one that says 19 -- that has your name on it? 20     A. Yeah. Most -- this -- so receipt of the 21 case would be either me or -- and/or Dr. McDonald, 22 review of the slides. Usually she does maybe the 23 first one, and the second one I would be -- there 24 would be some hours from me in there with me 25 together.	Page 125

<p style="text-align: right;">Page 126</p> <p>1 Q. I just -- let me interrupt you real quick      2 because I think I can answer my question if you can      3 confirm it. Do you see the differences in the cost      4 per hour between 400 and 250 and 150?</p> <p>5 A. Yes.</p> <p>6 Q. Does that designation of cost per hour      7 identify who it was that did that work?</p> <p>8 A. To a great extent, yes.</p> <p>9 Q. You're the one that's -- you're billing      10 \$400 an hour; right?</p> <p>11 A. I bill \$400. Dr. McDonald bills \$400, and      12 Dr. Fan at this time was 250. And when he was not      13 using the microscope and organizing data, it's 150.</p> <p>14 Q. So the entries that show \$400 an hour could      15 be you. It could be Dr. McDonald or both.</p> <p>16 A. Yeah.</p> <p>17 Q. So if, for example, on the review of      18 slides, photomics, and PLM where it says "six      19 hours," could that be your and Dr. McDonald's      20 combined time?</p> <p>21 A. Yeah.</p> <p>22 Q. On your invoices, you don't separate out      23 your time and Dr. McDonald's time?</p> <p>24 A. No.</p> <p>25 Q. Looking at this invoice, obviously, the</p>	<p style="text-align: right;">Page 128</p> <p>1 A. Yes.</p> <p>2 Q. How does Dr. Fan send you his time?</p> <p>3 A. He keeps a log that is -- that he and I      4 share on Dropbox.</p> <p>5 Q. Then you use his log to prepare the invoice      6 as well?</p> <p>7 A. Yes.</p> <p>8 Q. Now, with regard to your review of the      9 Rausa case, what were you asked to do?</p> <p>10 A. Again, to confirm the diagnosis of the      11 tumor and search for foreign particles in the      12 tissue.</p> <p>13 Q. Were you aware at the time that you did      14 this work that Ms. Rausa was a plaintiff in a case      15 alleging ovarian cancer from talc exposure?</p> <p>16 A. Again, I didn't know whether she was a      17 plaintiff or would be a plaintiff, depending on my      18 findings.</p> <p>19 Q. What you did know was that she was either a      20 plaintiff or possibly could be a plaintiff?</p> <p>21 A. Or possibly could be, yeah.</p> <p>22 Q. In a case where the allegations are      23 developing ovarian cancer from talc exposure.</p> <p>24 A. That's correct.</p> <p>25 Q. Does the report and the materials you put</p>
<p style="text-align: right;">Page 127</p> <p>1 entries for March 4, 2021 and June 18, 2020      2 (verbatim) specifically refer to you. Does that      3 mean you were the one that did the work on those two      4 days?</p> <p>5 A. That's right.</p> <p>6 Q. As far as the other work on the days where      7 the cost per hour is \$400 an hour, do you have any      8 records that break that out between your time and      9 Dr. McDonald's time?</p> <p>10 A. Probably, because I know what hours she      11 puts in so that, you know -- and I know what hours I      12 put in on it.</p> <p>13 Q. Do you have a separate type of record that      14 you keep that then you refer to to make your      15 invoice?</p> <p>16 A. I actually keep my hours on my calendar.</p> <p>17 Q. How does Dr. McDonald keep her hours?</p> <p>18 A. She usually either gives me or sends a      19 note.</p> <p>20 Q. Who, then, physically prepares the invoice?</p> <p>21 A. I do.</p> <p>22 Q. So when you're preparing the invoice, are      23 you looking at what Dr. McDonald sends you, what you      24 have on your calendar, and then creating the      25 invoice?</p>	<p style="text-align: right;">Page 129</p> <p>1 in the Dropbox -- the SEM images, the PLM images,      2 the spectrum images -- reflect all the work that you      3 did on the Rausa case?</p> <p>4 A. Yes.</p> <p>5 Q. Does your report contain what you intend to      6 testify about with regard to Ms. Rausa?</p> <p>7 A. Yes.</p> <p>8 Q. Was the methodology that you used in this      9 case the same as you have used in prior cases where      10 you've been designated as an expert to talk about      11 tissue review and have testified?</p> <p>12 A. Yes.</p> <p>13 Q. Did you do anything different in the Rausa      14 case than you have done in other cases where you've      15 looked for birefringent particles then you've looked      16 for talc or other particles by SEM/EDS?</p> <p>17 A. No.</p> <p>18 Q. Did you use the same SEM and PLM machine      19 that you typically use for your other cases?</p> <p>20 A. Yes.</p> <p>21 Q. Did you do Raman spectroscopy in this case?</p> <p>22 A. No.</p> <p>23 Q. Please turn to page 2 of your report for      24 the Rausa case. At the top, you note that you      25 reviewed 47 slides on Pasqualina Rausa: 46 on Case</p>

<p style="text-align: right;">Page 130</p> <p>1 L18, dash, 2837, the main surgical case; and one on 2 Case LN18, dash, 285, a cytology slide from ascitic 3 fluid. Did I read that correctly? 4 A. Yes. 5 Q. As we talked just a moment ago, where it 6 says you received 47 slides, you're talking about 7 what came in from the hospital; correct? 8 A. Correct. 9 Q. Of those slides, as we talked about 10 earlier, you looked at the left and right ovary. 11 You looked at the lymph node tissue. You also 12 looked at tissue which we designate as 11A and 12B. 13 And I need to look back to confirm what that is. Do 14 you remember what that is, Dr. Godleski? 15 A. 12C was a lymph node. 16 Q. What about 12B and 11A? 17 A. So 11 is the cervix. 12 is the external 18 iliac lymph nodes. 17 is the paraaortic lymph node, 19 and 7 and 8 -- 7 is the left ovary. 8 is the right 20 ovary. 21 Q. Other than Ms. Rausa's pathology report, 22 did you review any other records for her? 23 A. No. 24 Q. In particular, did you review any other 25 medical records of Ms. Rausa?</p>	<p style="text-align: right;">Page 132</p> <p>1 A. No. 2 Q. Do you have any personal knowledge of 3 processes employed at that lab to handle and process 4 tissue? 5 A. No. 6 Q. In looking at your report for Ms. Rausa, 7 you did not identify finding any granulomatous 8 reaction; correct? 9 A. That's correct. 10 Q. You also didn't report finding any foreign- 11 body giant cell reaction; correct? 12 A. This picture looks like a very large 13 macrophage with a particle in it and a large amount 14 of cytoplasm. And then this picture arguably could 15 be a multinucleated cell, but then this one is 16 clearly a macrophage. 17 So I have three pictures here. Two are 18 clearly macrophages, one with a very voluminous 19 cytoplasm. And the third, it's unclear whether it's 20 a multinucleate cell or something else. 21 Q. Please, for purposes of helping us with the 22 record, go through what you just discussed. But 23 please reference the figure you're referring to and 24 which picture you're -- pictures you're referring to 25 in those figures.</p>
<p style="text-align: right;">Page 131</p> <p>1 A. No. 2 Q. Did you request any additional information, 3 either for medical records or otherwise, for 4 Ms. Rausa's case? 5 A. No. 6 Q. Did you agree with the diagnosis in the 7 pathology report as to the subtype of ovarian cancer 8 that Ms. Rausa had? 9 A. Yes. 10 Q. Was there any part of the pathology report 11 with which you disagreed? 12 A. No. 13 Q. From your reading of the pathology report, 14 what doctor performed the pathology review? 15 A. There's Michael B. Lehman. 16 Q. Do you know Dr. Lehman? 17 A. No. 18 Q. Were there any other pathologists who our 19 documents show reviewed Ms. Rausa's case? 20 A. Looks like they sent it to Mayo Clinic, and 21 Dr. Krishna reviewed it. 22 Q. Do you know Dr. Krishna? 23 A. No. 24 Q. Have you ever been to the pathology lab at 25 St. Vincent's?</p>	<p style="text-align: right;">Page 133</p> <p>1 A. Figure 2, the picture on the left has a 2 single nucleus and a large amount of cytoplasm. The 3 figure in the middle has a large area of cytoplasm 4 with not a clear nucleus but multiple nuclei around 5 it, and they look like lymphocytes around this area. 6 But, arguably, it could be a giant cell. And it has 7 a fiber-like particle within it. And the third one 8 is clearly the appearance of a macrophage with a 9 nucleus and two particles in it. 10 Q. Starting from right to left, can you circle 11 the area that you just said was clearly a macrophage 12 with a particle in it? 13 A. This right here. 14 Q. Then in the middle picture, can you circle 15 what you're saying might be a foreign-body giant 16 cell reaction? 17 A. (Witness complying) 18 Q. You also told us about something on the 19 left-hand picture. Can you circle that area? 20 A. Yeah. Here, we have a cell where we can 21 see the nucleus. We can see the particle. We can 22 see a large amount of cytoplasm. And then we have 23 kind of palisading lymphocytes around it. So I 24 would argue that's not a multinucleate giant cell. 25 This one in the middle, again, could be</p>

<p style="text-align: right;">Page 134</p> <p>1 palisading lymphocytes around an area of cytoplasm      2 where perhaps the nucleus is just deep to the      3 portion that we're looking at. And these are      4 palisading lymphocytes, or one could argue that      5 that's a multinucleate giant cell.      6 The other point is multinucleate giant      7 cells usually form for large pieces of foreign      8 material. And the foreign material in here is      9 relatively small. If you go by -- identify the red      10 cells in here, which we know are 7 microns, these      11 are not larger than 7 microns, so that -- we can say      12 that specifically about the particles here. So they      13 wouldn't be typical particles that would have a      14 foreign-body giant cell reaction.      15 Q. Staying with Figure 2 and the description      16 you provided with those photos. You do describe,      17 with regard to the right -- the far right picture or      18 -- you do make the following description with regard      19 to the far right picture: "Left paraaortic lymph      20 node with two birefringent particles in a macrophage      21 in the plane of focus with the tissues." Is that      22 what you described for us today?      23 A. Exactly.      24 Q. With regard to the figure at the far left      25 and in the center, you don't include any description</p>	<p style="text-align: right;">Page 136</p> <p>1 the Rausa case any other tissue reaction that you      2 attributed to any of the particles you found?      3 A. No.      4 Q. Looking at Figure No. 1, these are two      5 photos that are from your review of the tissue with      6 regular light?      7 A. Yes.      8 Q. These are two images from the left ovary?      9 A. That's correct.      10 Q. These show tumor in both; is that right?      11 A. Yes. One's a lower magnification. The      12 other's a higher magnification. And what we can see      13 is we can see at least three mitotic figures in the      14 high-power picture on the right.      15 And in addition to that, you see the      16 nucleus -- the nuclei are very big. And they're      17 variable in size or characteristics of a poorly      18 differentiated or high-grade serous cancer.      19 Q. Going back to Figure No. 2. Did you find      20 in this case -- that is, for Ms. Rausa -- any      21 birefringent particles in lymphatic vessels?      22 A. We're not showing any. It's all in      23 macrophages. I have to -- would have to review the      24 other pictures to see if we had any in lymphatics.      25 Q. You didn't identify, in your report, any</p>
<p style="text-align: right;">Page 135</p> <p>1 that talks about a possible foreign-body giant cell      2 or a particle in a macrophage. True?      3 A. True. Because I interpreted those as      4 palisading lymphocytes rather than foreign-body      5 giant cells.      6 Q. What's the difference between a foreign-      7 body giant cell and palisading lymphocyte?      8 A. A foreign-body giant cell has multiple      9 nuclei within the cytoplasm of the cell. Palisading      10 lymphocytes are individual cells outside the -- or      11 surrounding something. And that's how I interpret      12 -- I interpret each of these nuclei at the margin of      13 this pink area to be individual cells rather than      14 part of a foreign-body giant cell.      15 Q. With regard to the birefringent particles      16 that we're looking at in these photos, all you can      17 say is they're birefringent and not what that      18 particle is; correct?      19 A. That's correct.      20 Q. And with regard to macrophages, they will      21 pick up birefringent particles regardless of what      22 those particles are.      23 A. Generally, yes.      24 Q. Other than what you just described in      25 Figure No. 2, did you identify from your review of</p>	<p style="text-align: right;">Page 137</p> <p>1 birefringent particles in lymphatics; correct?      2 A. No.      3 Q. With regard to the three pictures in Figure      4 No. 2, do any of those pictures show fibroblasts?      5 A. No. They're all lymph nodes, and they show      6 lymph nodes. They show mainly lymphocytes.      7 Q. What is a fibroblast?      8 A. Fibroblast is a -- generally an elongated      9 cell that has either collagen as part of its      10 structure or secretes collagen.      11 Q. With regard to the birefringent particles      12 shown in Figure No. 2 and in the other images you      13 provided by polarized light microscopy, you cannot      14 say when those birefringent particles came to be in      15 Ms. Rausa's tissue; correct?      16 A. That's correct. But they came there when      17 the tissue was within her and when her cells were      18 active because they're clearly within the cells.      19 Q. Is that your standard -- let me ask a      20 different way.      21 If you're seeing a birefringent particle      22 that's not in a cell or in a macrophage, how can you      23 tell that that birefringent particle was there prior      24 to the tissue being removed?      25 A. Well, again, if it's there within the</p>

Page 138	Page 140
1 structure of the tissue, you can make that judgment 2 that it was there beforehand. Also, if it's, again, 3 within the tissue and within areas like lymphatics 4 where you would expect it to be present, it can be 5 there. 6 But, at the same time, macrophages have a 7 finite life. So, typically, macrophages pick up 8 particles. At some point they die and drop those 9 particles, and then another macrophage picks them 10 up. It's always very possible to see particles not 11 being part of -- within a cell, that they're just in 12 this transition period from one cell to another. 13 Q. With regard to the birefringent particles 14 we're looking at in Figure No. 2, you cannot say 15 what type of birefringent particles those are; 16 correct? 17 A. That's correct. They're birefringent 18 particles. 19 Q. And if we wanted to look at the particle 20 sizes of what you identified in Ms. Rausa's case, we 21 would need to go to the images you provided in the 22 Dropbox; correct? 23 A. That's correct. 24 Q. You didn't separately record the range of 25 particle sizes anywhere else?	1 that eighth block was 8F. And is 8F right fallopian 2 tube tissue? 3 A. I'm not sure why -- 4 Q. Look at the pathology report that we marked 5 as Exhibit 46, and tell me what 8F is. 6 A. 8F would have been right ovary and 7 fallopian tube. 8 Q. Thank you. Please turn over to page 4 of 9 your expert report when you're ready. Okay? 10 A. Okay. 11 Q. There's a middle paragraph that actually 12 says "In studying seven of the eight blocks of 13 Ms. Rausa." Do you see that? 14 A. Yes. 15 Q. Is that consistent with what we just looked 16 at or just talked about, that you received seven of 17 the eight blocks you requested? 18 A. Yeah. In looking at Dr. Fan's picture, 19 shows seven blocks. 20 Q. You're looking at the analysis summary? 21 A. Yeah. Yeah. So it looks like we got seven 22 of eight. 23 Q. In study of those seven of eight, Dr. Fan 24 and you found two non-fibrous talc particles or 25 particles that you felt were -- had the magnesium
Page 139	Page 141
1 A. No. 2 Q. If we look at page 3 of your report, the 3 last paragraph, it notes that you recommended 4 looking at eight paraffin blocks of tissue for 5 Ms. Rausa's -- from Ms. Rausa's surgery. And these 6 are the -- what you have listed there are the eight 7 blocks we talked about earlier; correct? 8 A. Yes. We asked for eight blocks, and it 9 looks like we actually received the -- yeah. We 10 asked for eight. We got eight. 11 Q. Doesn't Dr. Fan's summary -- analysis 12 summary show you got seven blocks? If you look at 13 the second page, isn't he listing just seven blocks 14 there? 15 A. Well, he shows seven blocks and -- 16 Q. Actually notes that seven blocks were 17 received; correct? 18 A. He notes seven blocks. He shows a picture 19 of seven blocks. But yet on the -- there's the line 20 through one of them. I see. Okay. Yeah. Looks 21 like we got seven. 22 Q. Do you know why you didn't get the other 23 block that you requested? 24 A. No. 25 Q. It appears from what I'm looking at that	1 and silicon atomic weight percentage that indicated 2 they're talc; correct? 3 A. That's correct. 4 Q. Those were found in the left external iliac 5 lymph node and the left paraaortic lymph node; 6 correct? 7 A. Correct. 8 Q. You did not find or -- Dr. Fan did not find 9 talc in the other five blocks reviewed; correct? 10 A. That's correct. 11 Q. That includes the left ovary and the right 12 ovary; correct? 13 A. Correct. 14 Q. Those particles cannot be matched with the 15 birefringent particles we talked about in this 16 report or any other PLM image you provided; right? 17 A. That's correct. 18 Q. Again, you did not find any particles by 19 SEM/EDS that you called asbestos; correct? 20 A. Correct. 21 Q. You did not find any particles by SEM/EDS 22 that you called a fiber of any type; correct? 23 A. That's right. 24 Q. Looking over at Figure No. 4 of your report 25 on page 5, if we're -- if we look at Electron

<p>Page 142</p> <p>1 Image 14, where is that -- in what tissue is that      2 of?      3 A. That's Block 12B. So that is left external      4 iliac.      5 Q. The image of spectrum -- I'm sorry. The      6 Electron Image 163 is of the left paraaortic lymph      7 node; correct?      8 A. Correct.      9 Q. With regard to the finding of two talc      10 particles in Ms. Rausa's tissue, you did a study      11 where you had a control group of women who indicated      12 they were not talcum powder users. And in two of      13 the six control-group women, you found, based on      14 your recollection, one talc particle in each?      15 A. I believe so.      16 Q. What is that paper?      17 A. That's the McDonald paper, lymph node      18 digestion.      19 MR. HEGARTY: Off the record real quick.      20 (A break was taken)      21 MR. HEGARTY: We're ready to go back on      22 the record after a short break. When we left off,      23 we were talking about the two talc particles that      24 Dr. Godleski had found in Ms. Rausa's case and, in      25 particular, as it relates to a study he had done</p>	<p>Page 144</p> <p>1 shows that you found two talc particles in two      2 patients of the six in the group of control      3 patients; correct?      4 A. Yes.      5 Q. And in particular, that's referenced over      6 on page 598 where it says that "Correlative SEM,"      7 dash, "EDX of the control tissue blocks showed a      8 total of four talc particles across all patients:      9 Two in Patient 2, right ovary, and two in Patient 3,      10 right fallopian tube." Do you see where I'm      11 reading?      12 A. That's correct.      13 Q. With regard to Ms. Rausa, her talc particle      14 count that you found was the same as you found in      15 two of your six control patients in the paper we      16 marked as Exhibit 55; correct?      17 A. That's correct.      18 Q. So in Ms. Rausa's case, is it your opinion      19 that, based on what you have reviewed, that she's      20 different from what you would see in a control group      21 of women who -- potentially see in a control group      22 of women who never used talcum powder in the      23 perineal area?      24 A. These two women, though, both had pelvic      25 surgery more than 30 years ago so that it's possible</p>
<p>Page 143</p> <p>1 where he had a control group of women who reported      2 no talcum powder use in the perineal area.      3 I've handed Dr. Godleski an article --      4 first author Sandra McDonald -- titled "Migration of      5 talc from the perineum to multiple pelvic organ      6 sites." We'll go ahead and mark it as an exhibit so      7 we can keep a record of it. We'll mark that as      8 Exhibit 55. If you want to hand that back over,      9 Dr. Godleski, we'll put the sticker on there for      10 you.      11 (Article titled "Migration of talc from      12 the perineum to multiple pelvic organ sites,"      13 Exhibit 55, marked)      14 Q. So with regard to the paper we've been      15 talking about over the last couple of days as it      16 relates to what you found in a control group of      17 women who didn't report talc use, is Exhibit 55 the      18 paper you've been referencing?      19 A. Yes.      20 Q. Previously, you and I had talked about that      21 paper referencing you finding one talc particle in      22 two different patients. Do you recall us talking      23 about that?      24 A. Yes.      25 Q. The paper we marked as Exhibit No. 5 -- 55</p>	<p>Page 145</p> <p>1 that was the source of their talc.      2 Q. You don't list here what type of pelvic      3 surgery; correct?      4 A. No.      5 Q. It's also possible that the pelvic surgery      6 that they had was not the source of the talc you      7 found; correct?      8 A. Possible that it was.      9 Q. And possible that it was not.      10 A. Exactly.      11 Q. Going back to my question, though. Is it      12 still your opinion even or -- let me back up. Let's      13 start again.      14 Let's assume for purposes of my question      15 that the talc particles in these two women in the      16 paper we marked as Exhibit 55 did not -- were not      17 introduced by pelvic surgery.      18 Is it still your opinion that Ms. Rausa --      19 that four -- what you found in Ms. Rausa can      20 distinguish her based on her talcum powder use from      21 a control group who didn't use talcum powder?      22 A. Yes.      23 Q. Tell me what the basis of that opinion is.      24 A. Ms. Rausa has an exposure history. I don't      25 know what that is, but that will be brought out. At</p>

<p>Page 146</p> <p>1 the same time, I'm not aware of her having had any 2 pelvic surgery in the distant past as these controls 3 did.</p> <p>4 And other than -- the point is we see 5 birefringent particles in the slides, and then we 6 find talc in the tissue. So that finding -- 7 identifying these two as talc confirms her exposure.</p> <p>8 Q. In the paper we marked as Exhibit No. 55, 9 did you start with the slides for the six control 10 group patients?</p> <p>11 A. I believe we did.</p> <p>12 Q. Did you do anything different with the 13 control group of patients in the paper we marked as 14 Exhibit No. 55 than you did with Ms. Rausa?</p> <p>15 A. No. It was done the same way.</p> <p>16 Q. And with regard to the pelvic surgeries 17 more than 30 years prior to the ovarian cancer 18 surgical procedure, when was their ovarian cancer 19 surgical procedure?</p> <p>20 A. I'm sorry.</p> <p>21 Q. With regard to the comment in the paper 22 about the two women where two talc particles were 23 found having pelvic surgery more than 30 years prior 24 to their ovarian cancer surgical procedure, when was 25 their ovarian cancer surgical procedure? Do you</p>	<p>Page 148</p> <p>1 Q. Do you know of anything -- do you know 2 anything about any other products she used that may 3 have contained talc, such as soaps, douches, sprays, 4 paper, things like that?</p> <p>5 A. No.</p> <p>6 Q. You mentioned when we were talking about 7 this paper before that when you had -- when -- you 8 recall that you had one particle in one patient and 9 one particle in another in a total of six patients, 10 you called that an average of zero.</p> <p>11 A. Yeah.</p> <p>12 Q. Is that still the case where you've got two 13 particles in one patient, two particles in another 14 with six total patients?</p> <p>15 A. Probably not. I have to do the math.</p> <p>16 Q. So the math would be different based on -- 17 now that -- based on -- now that we've looked at the 18 paper and it's two talc particles in one and two 19 talc particles in another patient rather than one 20 and one?</p> <p>21 A. Yes.</p> <p>22 Q. What would you have to do to do the math?</p> <p>23 A. Well, we had -- I think we looked at 11 24 blocks. And we had two -- we had four findings. So 25 that's still less than .5.</p>
<p>Page 147</p> <p>1 note that anywhere in your paper?</p> <p>2 A. I believe we do. I'm not finding it. I 3 don't see it.</p> <p>4 Q. Do you have any other source besides this 5 paper of the two patients in the control group's 6 clinical histories?</p> <p>7 A. I don't know that we have it, but I know we 8 can get it from Dr. Cramer.</p> <p>9 Q. Do you agree, though, that you reviewed 10 Ms. Rausa's case the same as the two of the six 11 control group patients?</p> <p>12 A. Yes.</p> <p>13 Q. You reported no talc exposure and made the 14 same findings in both.</p> <p>15 A. Yes. Similar findings.</p> <p>16 Q. With regard to Ms. Rausa -- you mentioned 17 this a short time ago -- do you have any personal 18 knowledge of any background exposure she may have 19 had to talc or talc products?</p> <p>20 A. No.</p> <p>21 Q. And in particular as it relates to her use 22 of talcum powder in the perineal area, do you know 23 anything about the amount, the duration, and 24 frequency of such use?</p> <p>25 A. No.</p>	<p>Page 149</p> <p>1 Q. So you do it by looking at the blocks in 2 total of all the patients you've looked at, that is, 3 all the control group?</p> <p>4 A. Well, that's one of the ways we did it 5 here. Or we could talk in terms of patients. If we 6 talk in terms of patients, it's probably closer to 7 1.</p> <p>8 Q. If we look over at page 599 of 9 Dr. McDonald's article marked as Exhibit 55. In the 10 lower left-hand column -- it carries over to the 11 right-hand column -- you write "The six control 12 cases supported the contention that talc is rarely 13 found in surgically resected pelvic tissues from 14 patients with no prior perineal or body-use 15 exposure." Do you see where I'm reading?</p> <p>16 A. Yes.</p> <p>17 Q. You say "it's rarely found." But it is 18 found; correct?</p> <p>19 A. Yes.</p> <p>20 Q. With regard to the talc you found in 21 Ms. Rausa's tissues using SEM/EDX, you cannot say 22 when those came to be in her tissue, except that 23 what you said previously is that they were there 24 before the tissue was removed from her body.</p> <p>25 A. That's correct.</p>

<p style="text-align: right;">Page 150</p> <p>1 Q. And as far as the source of the talc      2 particles you found, you cannot determine, based on      3 what you'd done, the source of those particles.      4 A. Yeah.      5 Q. Sticking with your report. Please look at      6 54, Exhibit 54. That's your report, Dr. Godleski.      7 Please turn to page 4. You note in the middle of      8 that page that you found a total of 515 particles in      9 Ms. Rausa's tissue; correct?      10 A. Yes.      11 Q. You provided to us the images and spectrum      12 for all 515; right?      13 A. That's correct.      14 Q. With regard to those 515, in this same      15 paragraph you say that "158 particles had a variety      16 of constituents indicative of exogenous materials.      17 The two talc particles that were found in the      18 tissues all had magnesium and silicon in the ED" --      19 "accepted EDS spectral proportions for talc";      20 correct?      21 A. Correct.      22 Q. Now, with regard to the other exogenous      23 materials that you found, from our review of the      24 images and spectrum, I noted cobalt, titanium,      25 zirconium, tungsten, chromium, and aluminum. Do you</p>	<p style="text-align: right;">Page 152</p> <p>1 count all the particles that were in the tissue      2 blocks that you had available to you; correct?      3 A. Correct.      4 Q. You -- as you mention in your report --      5 take the number of talc particles and, using the      6 paper by Roggli, project that out to what would be      7 the total number per gram of wet tissue?      8 A. Yeah.      9 Q. And with regard to your findings here, are      10 there any studies that report on the risk of serous      11 carcinoma based on the number of talc particles that      12 had been found in pelvic tissues?      13 A. No.      14 Q. Is there any study correlating the risk of      15 or -- correlating the extent of serous cancer in      16 women based on the number of talc particles found in      17 their tissues?      18 A. No. They're based on exposure,      19 quantification.      20 Q. In looking at your last paragraph of your      21 report, is this summarizing the same opinion you      22 have given in other cases where you've testified      23 regarding the PLM and SEM/EDX analysis of the      24 plaintiffs' tissues you're looking at?      25 A. Yes.</p>
<p style="text-align: right;">Page 151</p> <p>1 have any opinion as to how those materials could      2 have came to be in Ms. Rausa's tissues?      3 A. As we've talked about, some of those are in      4 various products that can be used, such as      5 deodorants. And, also, some of those can be in      6 talc, and some of those can be just in the      7 environment.      8 Q. How about a substance such as cobalt? What      9 can be a source of cobalt?      10 A. Cobalt can be used in -- as various metal      11 alloys, as well as other tracers sometimes can use      12 cobalt.      13 Q. What is a source of tungsten to get into      14 tissue?      15 A. Again, it can be in the environment from      16 any number of sources that use tungsten in      17 electrical motors and so forth.      18 Q. Do you have any opinion as to how a      19 substance that might be in electrical motors -- you      20 mentioned another substance that might be in      21 batteries -- how that can find its way into pelvic      22 tissue removed during surgery?      23 A. Probably in the same way that sand and talc      24 and other materials get there.      25 Q. Now, as to Ms. Rausa, you didn't attempt to</p>	<p style="text-align: right;">Page 153</p> <p>1 Q. Are your opinions in the Rausa case going      2 to be any different in that regard than what you've      3 given in other cases?      4 A. No.      5 MR. HEGARTY: Do you have any questions      6 as to Ms. Rausa's case, David?      7 MR. DEARING: Just one.      8 EXAMINATION      9 BY MR. DEARING:      10 Q. Looking at the polarized light photographs,      11 there was quite a bit of discussion about the cells      12 and everything.      13 My question is, based on your experience      14 and knowledge in looking at cells under a      15 microscope, can you estimate the size of      16 birefringent particles by comparing them to the size      17 of the cells around them?      18 A. Yes.      19 Q. So you do have some idea of the size of the      20 particles that you're seeing under polarized light      21 based on what's around them?      22 A. Yes.      23 MR. DEARING: Okay. That's all.      24 MR. HEGARTY: Why don't we go off the      25 record.</p>

1 (A break was taken) 2 MR. HEGARTY: We are back on the record. 3 EXAMINATION 4 BY MR. HEGARTY: 5 Q. Dr. Godleski, we've been talking about the 6 SEM images, the PLM images, and the spectrum that 7 you provided to us. I want to show you a few of 8 those images we've been talking about today. I've 9 got them on my laptop. If it's okay, I'm going to 10 walk over to you and show them to you over there? 11 A. Okay. 12 Q. First image I want to show you is the 13 Newsome case, which is designated S152544, Image 43. 14 And what are we looking at in this image? In other 15 words, what is this? 16 A. This is a backscatter image that -- where 17 -- you can see the tissue here. You can see some 18 particles here. You see a structure there. 19 Q. And it's the structure in the lower right- 20 hand corner I was going to ask you about. Do you 21 have any opinion as to what that structure is? 22 A. It looks like some artifactual material. 23 Q. What's an artifactual material? In other 24 words, when you say "artifactual," what do you mean? 25 A. Well, from what I can see, it, again, looks	Page 154 1 from the Rausa case. It's L182837, Image 104. Does 2 the material we're looking at -- particularly on the 3 upper right corner -- appear to be within the plane 4 of focus or not? 5 A. Seems to be -- this one looks to be 6 definitely. This one probably is. This thing looks 7 to be on top. These look -- these look okay. Look 8 somewhat like precipitates, and this one also looks 9 to be okay. 10 Q. Is the elongated structure we're looking at 11 in the right-hand side tissue or something else? 12 A. I think it's -- it probably will turn out 13 to be carbon. It looks more organic than other 14 elements, than elemental. 15 Q. In your opinion, the two particles in the 16 upper right-hand corner are both in the plane of 17 focus? 18 A. Yeah. They look to be okay. 19 Q. We're next looking at S152518, Image 18. 20 MR. HEGARTY: I can't remember if we 21 looked at this one already. Could you look back, 22 see if I asked about this one? 23 THE WITNESS: I don't think so. 24 Q. We're looking now at S152518, Image 18. 25 This, again, goes back to the Newsome case. With
Page 155 1 to be definitely out of the -- on the surface of the 2 tissue. And given the size of it, it could be 3 almost anything. 4 Q. Does it look like it's sitting on top of 5 the tissue? 6 A. Yeah. 7 Q. Next image I'm showing you is of S15, dash, 8 2514, dash, Image 177. This, again, is a 9 backscatter image? 10 A. Yes. 11 Q. We see a couple -- one real bright object 12 in the left-hand -- upper left-hand corner. Do you 13 have any idea what that represents? 14 A. No. It's a particle that's showing up in 15 backscatter. 16 Q. Does it appear to be in the same plane of 17 focus as the other tissue? 18 A. It looks like it's on the surface. 19 Q. Next image you're looking at is S15, dash, 20 2514, Image 175B. Does the particle shown in this 21 image appear to be in the same plane of focus as the 22 tissue or not? 23 A. Could be. Could argue either way on that 24 one. 25 Q. Next image we're looking at is an image	Page 155 1 regard to the particle there, is that particle 2 within the plane of focus? 3 A. The particle's well-focused. All the 4 tissue is well-focused. And it's a fairly high 5 magnification so that I think it's within the plane 6 of focus. 7 Q. Dr. Godleski, there was a sixth case that 8 was designated for work-up in the MDL. The 9 patient's last name is Bondurant. Did you ever 10 review any slides or any other material for a 11 patient or plaintiff whose last name is Bondurant? 12 A. Yes. 13 Q. What did you look at with regard to 14 Ms. Bondurant? 15 A. We had an abdominal biopsy. 16 Q. Of that abdominal biopsy, what did you have 17 or -- from that abdominal biopsy, what did you look 18 at? 19 A. Slides. 20 Q. What were the biopsy of? What tissue? 21 A. Metastatic tumor. 22 Q. Do you have any records of that -- of your 23 review of that abdominal biopsy? 24 A. Just an e-mail that was sent to 25 Mr. Dearing.

<p style="text-align: right;">Page 158</p> <p>1 Q. Do you recall what you said in that e-mail? 2 A. "We can't evaluate talc in this case." 3 Q. Why? 4 A. This piece of tissue is just -- I think it 5 was below the skin or in the skin in the abdominal 6 wall that really not -- although possibly a 7 metastasis, but part of widespread metastasis and 8 really not indicative of where we would expect to 9 find talc. 10 Q. Is that the only material you reviewed for 11 the Bondurant case? 12 A. Yes. That's the only thing we had. 13 Q. You did not do any further analysis or do 14 any additional work on the Bondurant case? 15 A. No. 16 Q. You did not prepare a report for the 17 Bondurant case? 18 A. No. 19 Q. We were provided in connection with your 20 deposition here today a copy of your curriculum 21 vitae. 22 MR. HEGARTY: I'm going to mark the copy 23 that I have as Exhibit 56. 24 (Curriculum vitae, Exhibit 56, marked) 25 Q. Would you please look at that document and</p>	<p style="text-align: right;">Page 160</p> <p>1 Q. Have you read both before right now? 2 A. I believe I have. 3 Q. Please look at Exhibit 58. Turn over to 4 page 6 -- I'm sorry. I jumped too far ahead. 5 Please turn to page 2. 6 Looking at the bottom under the heading 7 "Responses and objections to documents requested," 8 the first request is a complete and current copy of 9 your current -- your curriculum vitae, CV. The 10 response is "The requested document has been 11 produced." And we just marked the current copy of 12 your curriculum vitae; correct? 13 A. That's correct. 14 Q. Paragraph No. 2 asks for "copies of any 15 materials related to your retention or payment for 16 services as a testifying expert related to this MDL 17 and/or the talc litigation since the date of your 18 last deposition in this MDL. 19 "This request does not include payments by 20 patients for medical care. It does include, without 21 limitation, Subpart A, all retainer agreements or 22 other agreements entered into since the date of your 23 last MDL deposition and pursuant to which you have 24 been or will be paid for work related to this MDL 25 and/or the talc litigation; all documents reflecting</p>
<p style="text-align: right;">Page 159</p> <p>1 tell me whether that is a current copy of your 2 curriculum vitae. 3 A. Yes. 4 Q. What is the date of that? 5 A. March 1st. 6 Q. Is there -- let me start over again. 7 Are there any additions that are necessary 8 to it to make it current as of March 29th? 9 A. No. 10 Q. Okay. Thank you. You can put that aside. 11 (Deposition notice, Exhibit 57, marked) 12 Q. I'm marking next as Exhibit 57 the notice 13 of your deposition here today and yesterday. 14 A. Okay. 15 MR. HEGARTY: Related to that, I'm going 16 to mark as Exhibit 58 the response that counsel for 17 the plaintiffs filed with regard to that notice. 18 Mark that response as Exhibit 58. 19 (Plaintiffs' response to deposition 20 notice, Exhibit 58, marked) 21 Q. Have you seen either of these two 22 documents, Exhibit 57 or 58? 23 A. Yes. 24 Q. Which ones have you seen? 25 A. I think I've seen both of them.</p>	<p style="text-align: right;">Page 161</p> <p>1 work done, time spent, or expenses incurred by you, 2 your organization, or anyone under your direction or 3 control or the direction or control of your 4 organization in connection with this MDL and/or the 5 talc litigation since the date of your last MDL 6 deposition and all bills, invoices, or accounts 7 rendered to attorneys, law firms, or others in 8 connection with those activities"; Subpart C, "all 9 records of payments of any kind received by you from 10 any source related to your work as a testifying 11 expert regarding talc or the talc products in 12 connection with claims or litigation since the date 13 of your last MDL deposition." 14 The response refers to objections. And 15 then it goes on to say "Notwithstanding the 16 aforementioned, Dr. Godleski has produced documents 17 responsive to this request." 18 Have you provided all of your invoices for 19 your work done on the MDL cases to counsel to be 20 provided to us as part of this deposition? 21 A. Yes. My billing's up to date, if that's 22 what you're asking. 23 Q. Let me ask in a different way. We have 24 marked over the course of two days invoices for five 25 cases where you did reports; correct?</p>

1     A. Right. 2     Q. Do you understand that all those five case 3 are in the MDL? 4     A. Yes. 5     Q. Do you have any other invoices for work you 6 have performed with -- related to the talc MDL 7 litigation that you've not -- that we've not marked 8 over the last two days? 9        MR. DEARING: Those five cases or six 10 cases? 11        MR. HEGARTY: Or anything else. 12        MR. DEARING: I want to object to the 13 question. There may be privileged things that he's 14 done for us that you're -- that aren't discoverable 15 at this time. And I'm not sure he knows how to 16 answer that. 17        MR. HEGARTY: Let me ask it a different 18 way, and we'll preserve any confidential 19 information. 20        Q. Are there any invoices that you have 21 generated, without telling me what those concern, 22 concerning work you have done for -- in connection 23 with any MDL cases that we have not marked over the 24 last two days? 25        A. Not that I'm aware of.	Page 162 1 including any charitable contribution, gift, or 2 other thing of value paid as compensation for 3 testifying in connection with the talc litigation or 4 any other work as a testifying expert in connection 5 with litigation in the last five years." 6        The response includes objections at the 7 beginning and then at the end says "Notwithstanding 8 the aforementioned, there are no documents 9 responsive to this request." 10        Do you have any documents that are 11 described in Paragraph No. 3 that are documents 12 related to payments made since your last MDL 13 deposition -- recognizing there wasn't a last MDL 14 deposition -- to any third party by you that include 15 charitable contributions, gifts, or other things of 16 value paid? 17        A. No. I guess the only thing that comes to 18 mind is the fact that we pay for the use of the 19 electron microscopes. 20        Q. Okay. Are there records of that payment 21 that you keep? 22        A. Yes. 23        Q. And then how much are you paying -- is that 24 on a monthly basis or by use? 25        A. By use. By time used.
Page 163 1     Q. With regard to updated invoices since those 2 we marked as exhibits, you have not prepared any -- 3     A. No. 4     Q. -- other invoices; correct? 5     A. No. 6     Q. Have you entered into any retainer 7 agreement related solely to the talc MDL litigation? 8     A. No. 9     Q. Do you have any other documents besides 10 those we marked over the last two days that would 11 reflect the time and the work you have done in cases 12 that are in the MDL litigation? 13     A. We talked about the few hours that -- where 14 we sent materials and so forth. So there's some of 15 that and, also, preparation for this deposition and 16 the deposition. 17     Q. Other than those activities which have not 18 yet been invoiced, is there anything else that you 19 have done as part of what you understood to be the 20 talc MDL that we've not talked about or is not 21 reflected in the invoices we marked? 22     A. No. 23     Q. Paragraph No. 3 in the notice asks for "all 24 documents related to all payments paid since the 25 date of your last MDL deposition to any third party,	Page 165 1     Q. How much is it that you pay on average per 2 hour? 3     A. It's different for all available 4 microscopes, but we pay as little as 50 and as high 5 as 350 per hour. 6     Q. Other than those records of those payments, 7 are there any other payments you have made to third 8 parties in connection with your work on any talc MDL 9 case? 10    A. No. That's the only other third-party cost 11 other than the employees of my company. 12    Q. Do you keep records of the salaries you're 13 paying -- 14    A. Yes. 15    Q. -- the employees? 16    A. Yes. 17    Q. Is Dr. McDonald an employee of your 18 company? 19    A. Yes. 20    Q. Is she employed by somebody else? 21    A. No. She's a full-time employee of my 22 company. 23    Q. How long has she been a full-time employee? 24    A. Since 2018, I believe. 25    Q. Do you recall how much she gets paid a

<p>1 month?</p> <p>2 A. It's about 14,000 currently.</p> <p>3 Q. Do you have any other full-time employees?</p> <p>4 A. No. Everybody else is part time.</p> <p>5 Q. Do you know how much, approximately,</p> <p>6 Dr. Fan gets paid a month?</p> <p>7 A. He gets about 4500.</p> <p>8 Q. Paragraph No. 4 of your -- Paragraph No. 4</p> <p>9 of the deposition notice asks for "all records of</p> <p>10 payments of any kind received by you since the date</p> <p>11 of your last MDL deposition from any journalist,</p> <p>12 media outlet, or other third party for assistance or</p> <p>13 information relating to talc and/or the talc</p> <p>14 products. This request does not include payments</p> <p>15 made for medical care or services."</p> <p>16 The response includes objections, then the</p> <p>17 statement "Notwithstanding the aforementioned, there</p> <p>18 are no documents responsive to this request." Do</p> <p>19 you have any documents that are described in</p> <p>20 Paragraph 4?</p> <p>21 A. Absolutely not.</p> <p>22 Q. Paragraph No. 5 asks for "copies of all</p> <p>23 materials of any kind added since the date of your</p> <p>24 last MDL deposition to your complete file or files</p> <p>25 related to the work done concerning this MDL or the</p>	<p>Page 166</p>	<p>1 opinions; any other documents relied upon by you in</p> <p>2 arriving at any of your opinions or conclusions</p> <p>3 concerning the issues involved in the talc</p> <p>4 litigation, including, but not limited to, all</p> <p>5 scientific and technical articles, publications,</p> <p>6 codes, and standards; also, all documents or other</p> <p>7 tangible things which you rely on to any extent in</p> <p>8 forming or supporting your opinions."</p> <p>9 The response includes some objections and</p> <p>10 then the statement "Subject to the aforementioned,</p> <p>11 Dr. Godleski has produced documents responsive to</p> <p>12 this request."</p> <p>13 Have you produced, as part of your work on</p> <p>14 the five cases we've talked about in this case, all</p> <p>15 the materials you have created and generated?</p> <p>16 A. Yes.</p> <p>17 Q. Have we either marked all of those</p> <p>18 documents or referred to those as documents you</p> <p>19 provided to us in the Dropbox?</p> <p>20 A. Yes.</p> <p>21 Q. Are there any other documents that you have</p> <p>22 created or generated or relied upon or intend to</p> <p>23 rely upon that are not those that we have marked as</p> <p>24 an exhibit here or otherwise referred to over the</p> <p>25 last two days?</p>	<p>Page 168</p>
<p>1 talc litigation or generally.</p> <p>2 "Your complete file is intended in the</p> <p>3 broadest sense without limitation in hard-copy,</p> <p>4 electronic, or any material of any kind that relates</p> <p>5 or" -- "that refers or relates to talc, the talc</p> <p>6 products, any examination or analysis of talc or the</p> <p>7 talc products, the talc litigation, or your opinion</p> <p>8 in this MDL.</p> <p>9 "Examples of these materials, without</p> <p>10 limitation, include any reports, summaries of</p> <p>11 memoranda, photographs, measurements, videos,</p> <p>12 records, test results, et cetera; all documents,</p> <p>13 including, but not limited to, deposition</p> <p>14 transcripts provided to you by anyone, including the</p> <p>15 plaintiffs' counsel; any diagrams, drawings,</p> <p>16 animations, or simulations created by you that you</p> <p>17 rely upon; any correspondence created by you or</p> <p>18 provided to you upon which you rely upon to any</p> <p>19 extent in forming or supporting your opinions; all</p> <p>20 documents prepared by you or those assisting you and</p> <p>21 upon which you rely to any extent; all documents,</p> <p>22 literature, or other reference material or</p> <p>23 information obtained by or provided to you in</p> <p>24 connection with this litigation and upon which you</p> <p>25 rely to any extent in forming or supporting your</p>	<p>Page 167</p>	<p>1 A. No.</p> <p>2 Q. Paragraph No. 9 -- I'm sorry. Paragraph</p> <p>3 No. 6 asks for "copies of all written</p> <p>4 communications, including any documents exchanged</p> <p>5 with other expert witnesses retained to testify on</p> <p>6 behalf of plaintiffs in any talc litigation,</p> <p>7 including any experts designated in this MDL since</p> <p>8 the date of your last MDL deposition."</p> <p>9 The response starts with some objections</p> <p>10 and includes the statement "Notwithstanding the</p> <p>11 aforementioned, no relevant responsive documents</p> <p>12 exist." Do you have any documents that are</p> <p>13 described in Paragraph No. 6?</p> <p>14 A. No.</p> <p>15 Q. Paragraph No. 7 asks for "any lists or</p> <p>16 compilations of lawsuits in which you have been</p> <p>17 involved as a testifying witness in deposition or at</p> <p>18 trial within the last four years."</p> <p>19 It includes the response, then -- includes</p> <p>20 some objections and the statement "Notwithstanding</p> <p>21 this objection, Dr. Godleski has produced a current</p> <p>22 list." We marked that list already; correct?</p> <p>23 A. Yes. That was No. 1, and I think it goes</p> <p>24 back ten years.</p> <p>25 Q. Do you have any depositions scheduled</p>	<p>Page 169</p>

<p style="text-align: right;">Page 170</p> <p>1 currently in any litigation outside of the talc      2 litigation?      3 A. No.      4 Q. Do you have any planned trial testimony in      5 any litigation outside of the talc litigation?      6 A. No. All my cases got settled.      7 Q. Paragraph No. 8 asks for or -- says "With      8 respect to scientific or technical materials      9 prepared in whole or in part by you since the date      10 of your last MDL deposition, a current bibliography      11 listing all publications authored by you, any list      12 of subset of scientific or technical publications      13 authored in whole or in part by you which discuss      14 the talc products and/or talc."      15 The response includes some objections and      16 then the statement "Notwithstanding this objection,      17 Dr. Godleski has provided a list of all publications      18 he has authored as part of his CV." Other than      19 what's in your CV, do you have any other documents      20 that are described in that request?      21 A. No.      22 Q. Paragraph No. 9 asks for "copies of all      23 documents reflecting requests by you for funding to      24 study talc and/or the talc products; the amount of      25 funding, if any, received by you to study talc</p>	<p style="text-align: right;">Page 172</p> <p>1 documents related to communications with employees      2 or representatives of any other cosmetic talc      3 manufacturer since the date of your last MDL      4 deposition which discuss the talc products and/or      5 talc or which relate to, support, or provide a      6 foundation for any of your opinions. These      7 documents include, without limitation, e-mails and      8 copies of all notes, tape-recordings, or other      9 memorializations of communications."      10 The response includes some objections and      11 then the statement "Notwithstanding the      12 aforementioned, no responsive documents exist." Do      13 you have any documents that are described in      14 Paragraph 11?      15 A. No.      16 Q. Paragraph No. 12 asks for "copies of      17 documents related to communications with employees      18 or representatives of any journalist, reporter,      19 broadcaster, blogger, commentator, or media outlet      20 of any kind which discuss Johnson &amp; Johnson or any      21 Johnson &amp; Johnson-affiliated company, the talc      22 products, and/or talc. These documents include,      23 without limitation, all the e-mails and copies of      24 all notes, tape-recordings, or other memorialization      25 of communications."</p>
<p style="text-align: right;">Page 171</p> <p>1 and/or the talc products; and the identity of the      2 sources for any funding received by you to study      3 talc and/or the talc products."      4 The response includes some objections, then      5 the statement "Notwithstanding the aforementioned,      6 no responsive documents exist." Do you have any      7 documents that are prescribed in Paragraph No. 9?      8 A. No.      9 Q. Paragraph No. 10 asks for "copies of      10 documents related to communications with employees      11 or representatives of any Johnson &amp; Johnson-      12 affiliated company since the date of your last MDL      13 deposition which discuss the talc products and/or      14 talc or which relate to, support, or provide a      15 foundation for any of your opinions. These      16 documents include, without limitation, e-mails and      17 copies of notes, tape-recordings, or other      18 memorialized communications."      19 The response refers to objections, then      20 includes the statement "Notwithstanding the      21 aforementioned, no responsive documents exist." Do      22 you have any documents described in Request No. 10?      23 A. I don't know all the Johnson &amp; Johnson-      24 affiliated companies, but not that I'm aware of.      25 Q. Paragraph No. 11 asks for "copies of</p>	<p style="text-align: right;">Page 173</p> <p>1 The response includes objections and then      2 the statement "Notwithstanding the aforementioned,      3 no responsive documents exist." Do you have any      4 documents that are described in Paragraph 12?      5 A. No.      6 Q. Paragraph No. 13 asks for "all documents      7 relating to any communications since the date of      8 your last MDL deposition between you and any      9 employee of the United States Food and Drug      10 Administration, the Environmental Protection Agency,      11 the National Institute of Occupational Health and      12 Safety, the Occupational Safety and Health      13 Administration, the United States Bureau of Mines,      14 the United States Geological Survey, Health Canada,      15 and/or any other federal, state, or local government      16 agency regarding talc, the talc products, and/or      17 alleged contamination of talc with asbestos,      18 asbestosiform minerals, or elongated mineral      19 particles."      20 The response includes objections, then the      21 statement "Without waiving this objection,      22 responsive documents have previously been produced."      23 Have you produced or provided to counsel for      24 plaintiffs in the MDL any documents that are      25 described in Paragraph 13?</p>

<p style="text-align: right;">Page 174</p> <p>1 A. The communication with the -- with Health      2 Canada back several years ago and the communications      3 with the FDA in regard to giving a presentation at      4 the meeting in -- what was it -- 2020. That's it.      5 Q. Other than those documents, do you have any      6 other documents responsive to --      7 A. No.      8 Q. Paragraph 14 asks for "all materials      9 containing statements by you since the date of your      10 last MDL deposition expressing opinions, views,      11 describing the advantages or disadvantages of talc      12 and/or the talc products."      13 The response includes objections and then,      14 at the end, says "Notwithstanding the      15 aforementioned, no responsive documents exist." Do      16 you have any documents that are described in      17 Paragraph 14?      18 A. No.      19 Q. Paragraph 15 asks for "advertisements or      20 other documentation for solicitation of expert      21 witness work by you since the date of your last MDL      22 deposition."      23 The response includes some objections, then      24 the statement "Notwithstanding this objection, no      25 responsive documents exist." Do you have any</p>	<p style="text-align: right;">Page 176</p> <p>1 have already been produced."      2 Have you provided and did we mark today and      3 yesterday the medical records you have of the five      4 plaintiffs that you provided expert reports for?      5 A. Yes.      6 Q. Paragraph 18 asks for "all models,      7 illustrations, photographs, exhibits, et cetera      8 prepared or obtained or provided by you that      9 explain, illustrate, or demonstrate any fact or      10 opinion considered relevant to the case and/or your      11 assignment, investigation, and/or opinions since the      12 date of your last MDL deposition."      13 The response includes objections and then      14 the statement "Neither PCS (verbatim) nor      15 Dr. Godleski is currently required to disclose what      16 documents or information may be used to explain      17 testimony to the finder of fact."      18 Have you prepared any documents that are      19 described in Paragraph 18 in connection with your      20 work on the MDL cases?      21 A. I don't have any models or illustrations.      22 Photographs are all in your possession relative to      23 the cases that we've talked about.      24 Q. Paragraph 19 asks for "any and all      25 documents, records, information, tangible things, or</p>
<p style="text-align: right;">Page 175</p> <p>1 documents that are described in Paragraph 15?      2 A. I don't believe so. I don't advertise.      3 Q. Paragraph 16 asks for "all documents      4 related to research, experiments, testing, or any      5 other study that has been done or is planned by you      6 since the date of your last MDL deposition at your      7 request or upon which you may rely in this matter      8 which relates to the talc and/or the talc products."      9 The response includes objections and then      10 the statement "Notwithstanding this objection,      11 testing material and data relevant to the MDL cases      12 that are the subject of this deposition have already      13 been produced." Have you provided to counsel for      14 the plaintiffs in the MDL the documents you have      15 that are described in Paragraph 16?      16 A. Yes.      17 Q. Paragraph No. 17, "To the extent your      18 opinions or testimony will be based in whole or in      19 part on facts and information learned and opinions      20 formed in connection with treating patients, copies      21 of redacted medical records and X rays of patients      22 treated by you."      23 The response includes objections and then      24 the statement "Without waiving said objection, the      25 medical records Dr. Godleski intends to rely upon</p>	<p style="text-align: right;">Page 177</p> <p>1 other materials reviewed by you since the date of      2 your last MDL deposition in preparation for this      3 deposition."      4 The response includes objections and then      5 the statement "Plaintiffs reserve the right to      6 supplement the response if Dr. Godleski reviews any      7 additional documents not previously produced." Have      8 we discussed over the two days the documents you      9 reviewed in preparation for this deposition?      10 A. Yes.      11 Q. Have you reviewed anything to prepare for      12 this deposition that's not reflected in the      13 materials we have marked as exhibits or that you and      14 I have talked about?      15 A. No.      16 Q. You can put that document aside. I want to      17 next look at the request for production that was      18 served back in 2021 prior to when your deposition      19 was supposed to go first and the responses to that      20 discovery.      21 MR. HEGARTY: The first document I'm      22 going to mark as Exhibit 59 is defendant Johnson &amp;      23 Johnson Consumer Inc. and Johnson &amp; Johnson's first      24 set of requests for the production of documents to      25 John J. Godleski.</p>

<p style="text-align: right;">Page 178</p> <p>1 (First set of requests for production of      2 documents, Exhibit 59, marked)</p> <p>3 MR. HEGARTY: I will mark as Exhibit 60      4 the plaintiffs' steering committee's responses to      5 those first set of requests for production.</p> <p>6 (Response to first set of requests for      7 production of documents, Exhibit 60, marked)</p> <p>8 Q. That, I marked as Exhibit 60. Please look,      9 first, at Exhibit 59, Dr. Godleski. I just want to      10 direct you to one part of this document. And that      11 is on page 2, Part B.</p> <p>12 That page defines the term "articles" as      13 referring to, 1, your 2019 McDonald article that      14 concerned migration of talc; 2, your 2019 McDonald      15 article that referred to "Correlative polarizing      16 light and scanning electron microscopy for the      17 assessment of talc in pelvic lymph nodes"; the 2019      18 McDonald article "Magnesium," slash, "silicon atomic      19 weight percentage ratio standards for the tissue      20 identification of talc by scanning electron      21 microscopy and energy dispersive X-ray analysis."</p> <p>22 No. 4 is the 2020 Johnson article. And      23 No. 5 is the 2018 Campion article, both of which you      24 are an author of. So those five articles are what      25 we're calling "articles." Is that --</p>	<p style="text-align: right;">Page 180</p> <p>1 came from your LLC; correct?</p> <p>2 A. Correct.</p> <p>3 Q. Funds that go into your LLC do include      4 those generated as part of your work as an expert      5 witness in cases involving patients claiming ovarian      6 cancer from talcum powder use; correct?</p> <p>7 A. Yes.</p> <p>8 Q. When you do work on a case that may or may      9 not be in litigation yet involving a patient where      10 you're looking at their tissue for talc or other      11 particles, you do invoice the lawyer for the      12 plaintiff or the patient for which you're reviewing;      13 correct?</p> <p>14 A. Early on, I didn't invoice until we either      15 wrote a report or for whatever reason the case was      16 no longer going forward. And then, fortunately, we      17 -- during COVID, we were able to go back and catch      18 up and invoice for everything we had done that never      19 had been invoiced for.</p> <p>20 And so we stayed afloat, if you will, by      21 invoicing for what we did but never been paid for.      22 And currently, we're up to date.</p> <p>23 Q. Okay. Request No. 2 asks to produce all      24 drafts, edits, and revisions of the articles. The      25 response is "none." Do you have any drafts, edits,</p>
<p style="text-align: right;">Page 179</p> <p>1 A. Yeah.</p> <p>2 Q. Do you understand that? You can put that      3 document aside. Please turn to No. 60, in      4 particular, the request starting on the second -- I      5 guess it would be the third page under the heading      6 "Responses and objections to documents requested."      7 Please tell me when you can find that page. It's      8 the page with this heading on it. We're in      9 Exhibit 60 now.</p> <p>10 A. Okay.</p> <p>11 Q. Are you there?</p> <p>12 A. Yes.</p> <p>13 Q. Request No. 1 asks to produce all documents      14 related to any funding received for any portion of      15 the work described or discussed in the articles.      16 Remember we described the articles as those articles      17 that we just discussed?</p> <p>18 A. That's correct.</p> <p>19 Q. The response is "None. All publications      20 list sources of funding. There are no other      21 sources." Do you have any documents that are      22 described in Request No. 1.</p> <p>23 A. No.</p> <p>24 Q. Now, with regard to at least some of those      25 articles, they do identify that some of the funding</p>	<p style="text-align: right;">Page 181</p> <p>1 and revisions of those five articles?</p> <p>2 A. Not really. Nothing that was written.</p> <p>3 Usually, I would read them and either give verbal      4 comments -- and, for the most part, they were in      5 very good shape when they were sent out. Several of      6 them were accepted without any change, and some of      7 them had just some minor changes. But I was not the      8 corresponding author and really didn't have any of      9 the material.</p> <p>10 Q. With regard to the corresponding authors in      11 each of the five articles, if you had -- if you      12 contacted them today and asked whether they have any      13 drafts, edits, or revisions of the articles -- let      14 me ask it again.</p> <p>15 With regard to the five articles, could you      16 contact the corresponding author today and ask for      17 any drafts, edits, and revisions that they had?</p> <p>18 MR. DEARING: Objection. Form.</p> <p>19 A. I could contact them. I don't know what      20 they have.</p> <p>21 Q. Have you ever contacted any of the authors      22 of those articles and asked them to send you any      23 materials?</p> <p>24 A. No.</p> <p>25 Q. Did you ever receive any drafts or</p>

Page 182 1 revisions of the articles in a hard copy form? 2 A. No. Mostly, it was electronic. 3 Q. Did you keep any of the drafts of those 4 electronic documents on your laptop or hard -- or 5 hard drive? 6 A. Generally, only the final draft. 7 Q. Request No. 3 asked for "all communications 8 between you and any third parties concerning the 9 articles or any draft of the articles, including, 10 but not limited to, any communications with journals 11 to which any drafts of the articles were submitted, 12 any communications with the journals in which the 13 articles were published, and all comments from peer 14 reviewers of any drafts of the articles." 15 The response includes some objections and 16 then additional objections that include potential 17 privilege and confidential objections. Do you have 18 any of the documents that are prescribed in request 19 No. 3? 20 A. I have one, and I think I produced it. And 21 it was an interaction between the editor of the 22 journal of "Particle and Fibre Toxicology," who I 23 know very well, and Dr. Fejeloff (verbatim). 24 And the editor said that they had reviewed 25 the paper and decided to reject it, and he suggested	Page 184 1 Other than that document you just 2 described, do you have any other documents that are 3 described in Request No. 3? 4 A. No. That's it. I kept it because I -- 5 because of my interaction with Dr. Cassee and my -- 6 he's a friend. 7 Q. Request No. 4 asked to produce "all 8 documents related to presentations you had made 9 regarding the subject matter of the articles, 10 including, but not limited to, communications, notes 11 slide decks, and handouts." The response is "None." 12 Do you have any documents that are described in 13 Request No. 4? 14 A. The FDA presentation, which I think has 15 been provided. 16 Q. Okay. Other than the FDA presentation, do 17 you have any other presentations or slide decks that 18 are -- that would fall under this Request No. 4? 19 A. Not that I recall. 20 Q. We have some documents we'll mark. And you 21 can -- we can come back to that one, if we need to. 22 Request No. 5 asked to produce "copies of 23 all current laboratory accreditations and 24 certifications for the facilities used to conduct 25 any sample preparation, testing, and/or analysis
Page 183 1 we should get somebody with English as a first 2 language to write the paper. And he happens to be 3 Dutch, and his English isn't very good. 4 And since I know him very well, I responded 5 to Dr. -- well, the other thing was that his 6 response to us suggested it was reviewed. And, in 7 fact, when he wrote back, he said it wasn't 8 reviewed. He decided that they weren't going to 9 publish it, that he didn't feel it was right for his 10 journal. 11 And so -- and he also made this comment 12 about the English and so forth. I responded to 13 Dr. Fejeloff that next time I see Flemming Cassee, I 14 think I'll needle him about his response to this 15 paper. 16 Other than that -- and I think I produced 17 that. And it looked like it was cut off. But for 18 some reason, it -- the printing of it came down to 19 where one line was split between two pages. And so 20 it was kind of weird-looking, but it was really all 21 there. And that was the sum and substance of the 22 response. And we then submitted it someplace else, 23 and it went right through. 24 Q. We do have that document. I'll mark it as 25 an exhibit.	Page 185 1 described or discussed in the articles." 2 The response is "None in Dr. Godleski's 3 possession. He does not have copies or access to 4 these documents. They are maintained independently 5 by the institutions." Is that an accurate response? 6 A. For the most part. I'm board certified as 7 a pathologist, so I think we provided that. 8 Q. But this asks for laboratory accreditations 9 and certifications for the facilities you use to 10 conduct any sample preparation, testing, or 11 analysis. 12 A. There are none. 13 Q. Do you have any of those documents? 14 A. No. 15 Q. Request No. 6 asks to produce "all current 16 technical certifications held by you or anyone 17 working under your direction that relate to the 18 sample preparation, testing, and/or analysis 19 described or discussed in the articles." 20 The response, "None. Dr. Godleski's 21 expertise is established by his publications and his 22 experience through previous professional and 23 academic appointments and positions." 24 Do you have any technical certifications in 25 a document form that relate to your sample

<p style="text-align: right;">Page 186</p> <p>1 preparation, testing, and/or analysis described in      2 any of the articles?      3 A. No.      4 Q. How about anyone working under your      5 direction? Do you know?      6 A. No. No. It's all based on publications      7 and expertise and training.      8 Q. Request No. 7 asks to -- asks for      9 "documents that relate to the testing or analysis of      10 the pathology specimens for the articles, including,      11 but not limited to, SEM," dash, "EDS spectra,      12 photomicrographs, digital images, lab notebooks,      13 analysis summaries, backup data, count sheets,      14 photographs, videos, raw data, reports of testing      15 protocols, and documents that include the background      16 fiber counts for the laboratory performing the      17 testing."      18 The response includes objections. Then it      19 makes note that "The documents correspond to      20 literally thousands of spectra analyzed for some of      21 these studies, which would require months to gather,      22 if they even still exist. Furthermore, some likely      23 contain confidential patient information that is not      24 discoverable in these proceedings."      25 Putting those objections to the side for a</p>	<p style="text-align: right;">Page 188</p> <p>1 Q. Are those the invoices you identified from      2 your looking back at the information you had for the      3 patients that are part of your studies?      4 A. Yes. That was a very difficult and time-      5 consuming procedure that we haven't billed for yet,      6 and we will --      7 Q. When did you go through that?      8 A. -- because it was a lot of work.      9 Q. When did you do that work?      10 MR. DEARING: Bill him for it.      11 A. When it was asked for.      12 Q. Has that been in the last six months?      13 A. I don't know.      14 THE WITNESS: When was it?      15 Q. He can't answer. Only if you can recall.      16 A. I can't remember. It was in the last year,      17 I think.      18 Q. Do you also have, though, the underlying      19 data still for the subjects that are talked about in      20 your five papers, the EDS -- SEM/EDS spectra,      21 photomicrographs, et cetera?      22 A. Yeah. We have everything the same as we      23 have with all the patients.      24 Q. As to the patients, were you able to      25 identify -- you were able to put the names to the</p>
<p style="text-align: right;">Page 187</p> <p>1 moment, do you have the SEM/EDS spectra, the      2 photomicrographs, et cetera for any of the five      3 articles that are described in the request for      4 production?      5 A. Yeah. I mean, to the extent that we used      6 material of patients or of -- materials that we      7 received and -- in litigation for some of them.      8 Some of them weren't. But those are -- that were --      9 we have that.      10 We went to great pains to figure out who --      11 worked back to figure out who the subjects were that      12 we included in the papers so that we could provide      13 you the billing that we did when we analyzed the      14 data for litigation. And so having identified those      15 patients, again, we have the material. At the same      16 time, some of those are going forward; some of them      17 are not. And it's also, you know, confidentiality      18 issues, especially in those who are not going      19 forward.      20 Q. We'll mark as an exhibit the invoices we      21 were provided. And I think you're referring to the      22 invoices that you provided where we -- that we      23 received that had the name of the patient blackened      24 out.      25 A. Yeah.</p>	<p style="text-align: right;">Page 189</p> <p>1 patients that you -- that are referenced in your      2 articles; correct?      3 A. Yes.      4 Q. You have that information somewhere?      5 A. Yes. Well, I think we do. We did it for      6 that purpose, to go back and figure it all out,      7 because the -- for the papers, it was all      8 anonymized. And then we didn't have a listing of      9 all of them as to who the people were, and so that      10 was a lot of work to figure it out.      11 Q. Who worked with you on this project?      12 A. Dr. McDonald.      13 Q. Anyone else?      14 A. Probably Sidney Lavallee, who's a student      15 assistant that works for me, helped. Dr. Fan did      16 some of it to help. Yeah. It was a lot of work.      17 Q. Request No. 8 asks for "copies of invoices,      18 bills, estimates, cost ledgers, and other accounting      19 information for any work performed to date by you      20 relating to the work described or discussed in the      21 articles, including but not limited to literature      22 review, lab work, microscopic analysis, and tissue      23 analysis performed at the request of or on behalf of      24 any lawyer or law firm."      25 The response includes objections. And then</p>

<p>Page 190</p> <p>1 it says "However, without waiving these objections, 2 although Dr. Godleski has invoiced plaintiffs' 3 counsel for work directly associated with pending 4 cases and privileged investigations of cases, none 5 of those invoices were for work specifically 6 associated with published studies."</p> <p>7 Looking back at the request itself and 8 going back to what you just indicated, you have 9 identified and provided invoices of the work you did 10 for any plaintiffs who are referenced in your five 11 articles; correct?</p> <p>12 A. That's correct.</p> <p>13 Q. Do those documents make up the entirety of 14 the invoices, bills, and estimates and cost ledgers 15 that you have that might relate to the work you did 16 for any of the five articles?</p> <p>17 A. The work is for the analysis for the 18 patients, as we've been discussing, in the five 19 patients that we've dealt with. In one instance, it 20 was provided where we did get additional 21 compensation, and that was the Campion article 22 because we traveled to -- I had to travel to Chicago 23 to do that work. And the cost of travel and some of 24 the time spent on that work for developing a new 25 approach was compensated.</p>	<p>Page 192</p> <p>1 as far as the litigation is concerned. I don't know 2 that we have any still remaining.</p> <p>3 Q. Let me break that request up a little bit. 4 Do you have any remaining slides, blocks, or tissue 5 samples or pathology materials of any of the 6 patients that are talked about in those five 7 articles?</p> <p>8 A. I'm not sure. I don't think so, but there 9 could be an oddball one where I still have materials 10 because for whatever reason it hasn't been sent 11 back.</p> <p>12 Q. Request No. 10 asks for "all documents 13 evidencing the receipt of pathology specimens for 14 the articles, including, but not limited to, 15 correspondence, chain of custody forms, et cetera."</p> <p>16 The response includes some objections and 17 -- actually includes just objections. Do you have 18 any documents evidencing the receipt of pathology 19 specimens for the articles that have not been 20 produced as part of the kind of thing we've been 21 doing here today? Because you produced those 22 documents relating to the five cases we talked about 23 today and other cases where you've testified.</p> <p>24 Do you have any of those same types of 25 documents for any of the patients that are talked</p>
<p>Page 191</p> <p>1 Q. We'll mark that document as well. You did 2 -- that document has been provided to us?</p> <p>3 A. Yes.</p> <p>4 Q. Request No. 9 asks for "all slides, blocks, 5 tissue samples, pathology materials, and photographs 6 relating to the articles and referenced in the 7 articles."</p> <p>8 The response includes objections then the 9 statement "Without waiving this objection, most, if 10 not all, of the materials associated with the 11 published studies are no longer in Dr. Godleski's 12 possession and have either been returned to the 13 facilities that own them or are already provided to 14 the defendants during litigation."</p> <p>15 Do you have any remaining slides, blocks, 16 tissue samples, pathology materials, and photographs 17 relating to the articles and referenced in the 18 articles that are not shown in the articles? In 19 other words, anything on top of what the articles 20 show themselves?</p> <p>21 A. Yeah. If it's a patient, we have the 22 complete work-up. But to the extent that, you know, 23 some of them, if they're not going forward, they've 24 been sent back. Some of them have been sent to you. 25 Some of them have been sent to where they need to go</p>	<p>Page 193</p> <p>1 about in your articles that have not been produced 2 as part of the deposition process?</p> <p>3 MR. DEARING: Objection. Form.</p> <p>4 A. I don't think so, but I'm not a hundred 5 percent sure.</p> <p>6 Q. Would you be the person that would retain 7 any such documents, if they exist?</p> <p>8 A. Yes.</p> <p>9 Q. Request No. 11 asks for "all communications 10 between you and anyone at or associated with Health 11 Canada or the FDA with regard to talc." And the 12 response is attached. I'm going to go ahead and 13 mark those documents now.</p> <p>14 MR. HEGARTY: I'm marking as Exhibit 15 No. 61 one of the documents that are referenced in 16 the response to Request No. 11, which is a February 17 4, 2018 document.</p> <p>18 (February 4, 2018 letter, Exhibit 61, 19 marked)</p> <p>20 Q. What is Exhibit No. 61?</p> <p>21 A. This is a letter from me to the -- I got 22 two of them. It's a letter from me to the executive 23 director of Health Canada. And they had done a 24 screening assessment of talc and -- to endorse their 25 recommendation.</p>

Page 194 1 Q. The next document that we were provided for 2 Request No. 11 that said "attached," which I marked 3 as Exhibit 62, appears to be a PowerPoint 4 presentation prepared by you. 5 (PowerPoint presentation, Exhibit 62, 6 marked) 7 Q. But tell me what Exhibit 62 is. 8 A. That's what I'm trying to figure out. 9 Wasn't there any -- there was no identification of 10 what this was? 11 Q. This was produced to us in response to 12 those requests in an individual document form like 13 this that we marked as Exhibit 62. Do you recognize 14 Exhibit 62? 15 A. I think it may have been -- it may have 16 been a presentation I gave at the New England 17 Society of Microscopy. That's my guess. 18 Q. Do you recall if you sent what we marked as 19 Exhibit No. 2 (verbatim) to Health Canada? 20 A. No. I didn't send this -- 21 Q. You did not send it to Health Canada? 22 A. -- to Health Canada. I sent this letter. 23 Q. Did you give any type of presentation to 24 any representative of Health Canada where you used 25 this PowerPoint presentation?	Page 196 1 This is the FDA presentation because here's the 2 table that I was thinking about that was -- it's the 3 FDA presentation. 4 Q. Okay. Thank you. 5 A. For sure. Sorry it took me so long to 6 figure that out. 7 Q. I'm going to mark or show you a couple of 8 other documents that we received that we'll mark as 9 Exhibits 63 and 64. 10 (Consents to release third-party 11 information, Exhibits 63-64, marked) 12 Q. Can you tell us what Exhibit 63 and 64 are? 13 A. In the health -- my Health Canada letter of 14 2018, I say "Because this letter contains material 15 that is intended for publication but not yet 16 accepted, I ask that this letter be kept 17 confidential." Okay. That's in this 2018 letter. 18 This is a release requested of me by Health 19 Canada to allow them to quote from what I said. 20 And, in fact, I agreed because, by that time, 21 everything was published. So the -- they had -- in 22 this letter, it was before it was published, before 23 things were published. 24 (E-mail chain, Exhibit 65, marked) 25 Q. The last document that I'll mark from the
Page 195 1 A. I don't think so. I think this was a 2 presentation that I gave at the New England Society 3 of Microscopy. 4 Q. When did you give that presentation? 5 A. I can look in my CV. It wasn't recent. 6 MR. HEGARTY: Off the record while he's 7 looking -- well, stay on the record. 8 A. It looks like this in terms of my CV at the 9 same title or -- was used at the FDA meeting in 10 Washington in 2020. 11 Q. Does this appear to be the -- that is, 12 Exhibit 62 -- to be the presentation you -- 13 materials you used at the FDA 2020 meeting? 14 A. I thought I had a table in that one that 15 showed what our talc numbers were. I don't think 16 so. 17 Q. I've got other documents I'll mark. But 18 are you able to tell from your curriculum vitae 19 where -- anywhere you gave a presentation where you 20 used Exhibit 62? 21 A. If you don't have another one that is the 22 FDA presentation, I guess this is it. 23 Q. We can circle back. And after we get done, 24 all of the documents marked -- 25 A. Yeah. Yeah. Yeah. Yeah. Just a second.	Page 197 1 production for our -- for the plaintiffs' first 2 request for production is something I marked as 3 Exhibit No. 65. Can you tell us what Exhibit 65 is, 4 Dr. Godleski? 5 A. Looks like an e-mail chain between me and 6 Health Canada and they -- okay -- on the back, which 7 is the first contact. And they're saying -- 8 basically saying they want -- they want my help. 9 And so, like, the last statement in the first letter 10 from them says "Your expertise in inhalation 11 toxicology as well as your more recent work in 12 identifying talc particles in lymphoid tissue are 13 highly relevant, would be of great use to my team as 14 we work through the large volume of public 15 competence. Your expertise in this area would be 16 most welcome." 17 And I responded "I'm happy to provide 18 expertise in whatever form needed." And then I also 19 send him, as a follow up e-mail, "I'm providing you 20 with a link to a paper that was just published." 21 And, finally, he says "Thank you very much." 22 Q. Do you have any other correspondence or 23 communication with Health Canada besides what we 24 marked as Exhibit 65? 25 A. None. This is it.

Page 198 1 Q. With regard to Exhibit 65 in the -- within 2 the initial e-mail you made reference to, there's a 3 statement that says "If you would be available for 4 phone calls, e-mail, exchanges, or even short-term 5 contracts to help offer scientific opinions on some 6 arguments we have received as we work towards 7 rewriting our screening assessment" or asks that in 8 a question. 9 Was there ever any phone calls or other 10 e-mail exchanges or short-term contracts between you 11 and the folks at Health Canada? 12 A. No. 13 Q. Did the communication with Health Canada 14 end with this e-mail chain? 15 A. Pretty much. 16 Q. Okay. Thank you. Do you have any other 17 documents that concern or relate to your 18 interactions with Health Canada with regard to its 19 risk assessment for talc that we have not marked as 20 exhibits? 21 A. I don't think so. This is it. 22 Q. I believe you already answered this 23 question. Did you ever have any phone calls or 24 other verbal type of communication with anyone at 25 Health Canada regarding their risk assessment?	Page 200 1 REPORTER'S CERTIFICATE 2 3 I, SONYA LOPEZ, Registered Professional 4 Reporter and Notary Public in and for the 5 Commonwealth of Massachusetts, certify; 6 That the foregoing proceedings were taken 7 before me at the time and place therein set forth, 8 at which time the witness was properly identified 9 and put under oath by me; 10 That the testimony of the witness, the 11 questions propounded, and all objections and 12 statements made at the time of the examination were 13 recorded stenographically by me and were thereafter 14 transcribed; 15 That the foregoing is a true and correct 16 transcript of my shorthand notes so taken. 17 I further certify that I am not a relative or 18 employee of any attorney of the parties, nor 19 financially interested in the action. 20 I declare under penalty of perjury that the 21 foregoing is true and correct. 22 Dated this 11th day of April, 2024. 23 <%11353,Signature%> 24 Sonya Lopez My Commission Expires: 25 Notary Public October 28, 2027
Page 199 1 A. Not that I recall. 2 MR. HEGARTY: Let's go ahead and go off 3 the record. Take a quick break. 4 (A break was taken) 5 MR. HEGARTY: It's 4:05. We're back on 6 the record, and I'd indicated to counsel that we 7 still have some additional time to complete for 8 Dr. Godleski's MDL deposition but that I am having a 9 little bit of a challenge with the pain in my wrist 10 from a break I had three weeks ago and would 11 appreciate being able to stop now because I'm having 12 some difficulty in continuing. 13 And I think we're in agreement that we 14 can resume and finish this when we get back together 15 the next time with Dr. Godleski when we're going to 16 talk about the Karl and Badarama (verbatim) cases 17 but finish this separately, then switch to Karl and 18 Badarama. Does that sound acceptable? 19 MR. DEARING: Absolutely. 20 MR. HEGARTY: With that, we will stop 21 the deposition today and pick it up when we get back 22 together. 23 (Chain of custody document, Exhibit 51, 24 marked) 25 (Deposition suspended at 4:05 p.m.)	

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate.

The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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